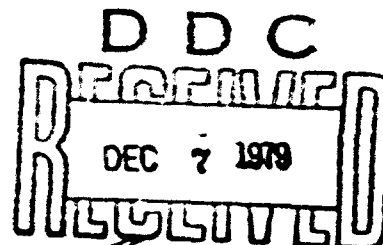Research Problem Review 73-3

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AN ASSESSMENT OF ALCOHOL AND DRUG EDUCATION/PREVENTION PROGRAMS IN THE UNITED STATES ARMY,

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(10) Anton S./Morton, Royer F./Cook

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Research Institute for the Behavioral and Social Sciences

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FOR THE BEHAVIORAL AND SOCIAL SCIENCES

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Commander

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Arthur D. Little, Inc.

Research Problem Review 73-3

AN ASSESSMENT OF ALCOHOL AND DRUG
EDUCATION/PREVENTION PROGRAMS
IN THE UNITED STATES ARMY

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December 1973

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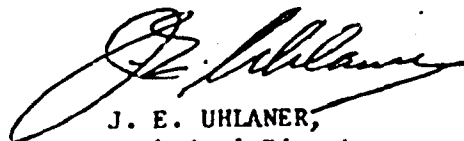Individual Training and Performance
Research Laboratory

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the Behavioral and Social Sciences

The Drug Abuse Research Program within the US Army Research Institute for the Behavioral and Social Sciences (ARI) addresses the complex problems related to reducing drug abuse in the Army. Specific aspects of the program deal with: (1) providing a base of knowledge about the sources and effects of drug abuse and developing techniques required to measure drug-related attitudes and behaviors; and, (2) reducing drug abuse through identification and development of effective methods of prevention, control, and treatment with emphasis on self-sustaining command programs. The research program is responsive to the requirements of the Directorate of Human Resources Development, ODCSPER, DA (DHRD) and is conducted under RDT&E Program 2Q162108A752, Drug Abuse and Discipline Research Program, FY 72 ARI Work Program.

ARI personnel and the research staff of Arthur D. Little, Inc., Cambridge, MA, which conducted the research under contract to ARI, are deeply appreciative of the excellent support and cooperation given this research effort by the staffs of DHRD, USAEUR, USARK, CONARC and the CONUS Armys; particular appreciation is due to the staff of the sixteen (16) local Army installations visited and to the hundreds of soldier-participants involved.

The present publication describes the research methodology and findings of efforts designed to assess, Army-wide, the effectiveness of a representative sample of drug related education/prevention programs. The findings provide information regarding the types and combinations of techniques employed, their relative effectiveness in influencing drug related attitudes and behaviors, and suggestions for change or improve-ment. The research is aimed at providing information to policy making agencies, operational users, commanders, and as an aid to other researchers in the area. Follow-on reports, expanding and analyzing other portions of the data, are in preparation.

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PART ONE

SUMMARY AND INTRODUCTION

I. EXECUTIVE SUMMARY

A. THE PROBLEM

Motivated by a concern for combat effectiveness,[1] for the welfare of its soldiers, and by the legal requirements and public and Congressional concerns surrounding the whole issue of the abuse of illegal drugs, the Army has set in motion a program to combat alcohol and drug abuse. Education is one element of this program. This report examines the U.S. Army alcohol and drug prevention/education program and assesses its effectiveness.

B. OBJECTIVES OF THIS PROJECT

The objectives of this project were:

(a.) To systematically review the available methods of drug abuse education and prevention;

(b.) To determine the effectiveness of selected methods of drug abuse education and prevention in the military setting;

(c.) To assess the interaction between the method of education and individual characteristics;

(d.) To develop reliable techniques for evaluating drug abuse education and training;

(e.) To develop multiple criteria for assessing the impact of education and training programs on broad classes of behavior, attitudes, and values;

(f.) To show how the alcohol and drug prevention/education program fits into the Army structure, and how the functioning of the program is affected by its position in that structure. by the roles of members of the Army's leadership structure (LS), by the ____

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1. Memorandum to Commander in Chief, Pacific, re Interim Report of CINCPAC Study for Evaluation of PACOM Drug Abuse Treatment/Rehabilitation Programs, COL H.C. Holloway, MC. USA and CDR G.P. Fitzgibbons, USN, 1 September 1971. Reproduced in Hearings on H.R. 9503 (H.R. 12846) *To Amend Title 10, United States Code, to Authorize a Treatment and Rehabilitation Program for Drug Dependent Members of the Armed Forces, and for Other Purposes,* before the Special Subcommittee on Drug Abuse in the Armed Services, U. S. Government Printing Office, Washington, 1972.

characteristics and values of lower grade (E-1 to E-5) enlisted men, and by the Army's law enforcement efforts with respect to illegal drugs.

This report strives to depict accurately the state and effectiveness of the Army's current prevention efforts and to suggest how the Army can cope with drug use in ways that are more effective and yet consonant with its mission.

C. PRECIS OF CONCLUSIONS AND RECOMMENDATIONS

1. Conclusions

Though the Alcohol and Drug Education Program (ADEP) has tried, it has not succeeded in preventing alcohol and drug abuse among lower grade enlisted men (EM). Primarily, this is because the ADEP has usually sought to influence personal feelings, motivations, and behavior by the presentation of facts alone, an impossible task. Secondarily, it is because too little effort and too few resources are directed toward preventing alcohol and drug abuse; the type and quantity of the means have not been commensurate with this end. Finally, it is because ADEP is new and inexperienced.

The above conclusions should not be misconstrued as an indictment of the Army; on the contrary, the Army is to be commended for facing the problem directly and gearing up rapidly to counter it. However, certain techniques and program elements have not been found effective, and it is in the Army's best interest to change or delete them.

No particular message, medium, or source used in ADEP succeeded in motivating soldiers against beginning or increasing the use of alcohol or drugs. Nor were various techniques effective with selected audiences. Some young soldiers belong to a youth or drug sub-culture which legitimizes drug use; they use drugs because they enjoy them. (Members of the sub-culture are characterized by a set of shared values: negative attitudes toward authority and lack of motivation to achieve.) Other young soldiers use drugs out of boredom or to relieve their personal problems. ADEP has not successfully addressed either of these groups.

ADEP has only slightly changed the attitudes of members of the leadership structure (LS) toward greater human sensitivity, tolerance of those who abuse alcohol and drugs, and a less punitive attitude toward them. This was true for three reasons: the programs were of short duration, they were very new, and the kinds of attitudes and behavior they sought to instill were discouraged by the leadership structure's interpretation of its Army roles and responsibilities (e.g., for enforcing regulations against drugs).

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2. Recommendations

We recommend the following major revisions of the current ADEP:

a. Reduce the objectives of educational programs in ways that recognize the limits of didactic instruction in changing attitudes, motivations, and behavior. This means limiting the aims of ADEP for EM to the imparting of factual information.

b. Make the clearest possible distinctions between hard and soft (marijuana) drugs in education, treatment, identification, and enforcement of regulations. This means minimizing the use of strong enforcement procedures and scare tactics with respect to marijuana while maintaining existing policies and procedures with respect to the hard drugs.

Implementing both of the above recommendations will conserve and concentrate resources, particularly the time and effort of the LS. Recommendations (c) and (d) below, pertaining to prevention, a broader area than education, will necessitate a major commitment of additional resources. Implementing them will depend upon whether the Army believes that the level of drug abuse is intolerable, on whether it warrants commitment of more resources, and on whether programs to *prevent* drug abuse are more cost/effective than programs which deal with it after it appears, e.g., rehabilitation or discharge of drug users.

We believe that recommendations (c) and (d) if implemented. will greatly increase life satisfaction and productivity in the Army; they may have important secondary effects on such matters as increasing the attractiveness of Army service. We recommend that recommendations (c) and (d) be developed and tested at one post, on a pilot basis, before the Army decides whether or not to implement them generally.

c. Strengthen the capability of Army resources for assisting young EM in coping with personal problems. This means strengthening the human relations program with counseling resources.

d. Through training and command support, enable and encourage the LS to increase its communication with lower grade EM and to give

them greater life satisfactions through meaningful work, opportunities for personal growth, and desired off-duty activities.[2] "Training" here involves imparting skills; "command support" requires that higher echelons of the LS reward the desired leadership behavior at the lower levels.

e. Finally, over a longer time frame than the preceding, examine the sources of apparent incompatibility between the Army and young EM belonging to the youth sub-culture, with respect to needs and values. Search for, try, and evaluate changes in the personal satisfactions offered by the Army that are consistent with the needs of these young EM and the several missions of Army units. This exploratory effort should address motivation broadly in such a way as to relate to career motivation and race relations as well as drug and alcohol problems, recognizing the real possibility that there may be acceptable changes that will have an equally beneficial effect on all these areas of concern.

D. PROJECT DESIGN

We began with a review of the literature on drug abuse education and training, including research on the assessment of attitude and behavioral change. The findings of this review, which were summarized in an interim report, helped us to construct a conceptual framework for our data-gathering instruments and procedures and analyses.

The basic design of our project included examination of the following aspects of alcohol and drug education:

● Environment — the civilian and military context in which it operates;

● Antecedents — the way in which it is organized and the resources allocated to it;

● Processes — the way it is carried out, including media used, messages transmitted, and sources of the messages;

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2. The Army Research Institute has under contract a study on leadership style and drug use. A program of desired off-duty activities similar to the above recommendation has been carried out on a pilot basis at Fort Leonard Wood. It has been documented in an Army internal use document, *PROJECT LIFE Report — An Evaluation*, 30 March, 1973.

- Audience – the people to whom it is adressed; and

- Product – its effects on the audience.

Figure 1 shows the conceptual framework. We examined the environment because it helps to shape both the antecedents and the processes of ADEP. Given the audience and processes of ADEP, the environment affects the product of ADEP – i.e., the extent to which ADEP reduces drug abuse – since the environment includes factors other than education that bear on drug use. A given set of ADEP processes may also have different products, depending on the characteristics of the audience.

Our purpose in examining the environment, antecedents, and processes of alcohol and drug education (ADE) was to understand *how* and *why* it operates as it does. To do this, we had to learn how it fits into the organization of the posts at which it is used, how important individuals at each post perceive it, and how its operations and message relate to attitudes toward alcohol and drug use of the leadership structure and to other actions taken at the post with respect to alcohol and drugs.

Therefore, we used a mixture of data-gathering and analysis methods. We used questionnaire surveys with lower grade EM to obtain information on drug use, attitudes about drugs, and exposure to ADEP. But we also used observation and individual and group interviews to gain a more complete description of the quality of ADE efforts and particular responses to these efforts. To evaluate the elements of ADEP, we generally used a retrospective approach (asking EM and leaders about their attitudes and behavior before and after exposure to ADEP), but we also made separate administrations of the same instruments before and after exposure to ADE in some instances.

To identify the organizational context within which ADEP functions, and some details (budget, methods, objectives, etc.) of its functioning, we interviewed CG's, the head and members of the staff of ADEP, Drug Education Specialists, others on the post who were knowledgeable about ADEP, and the LS of units whose lower grade EM we interviewed and surveyed. We surveyed graduates of the United States Army Alcohol and Drug Education Course (USAADEC) by mail to assess the value of the course.

Finally, the team that visited each post prepared a field trip report, synthesizing what they had learned there.
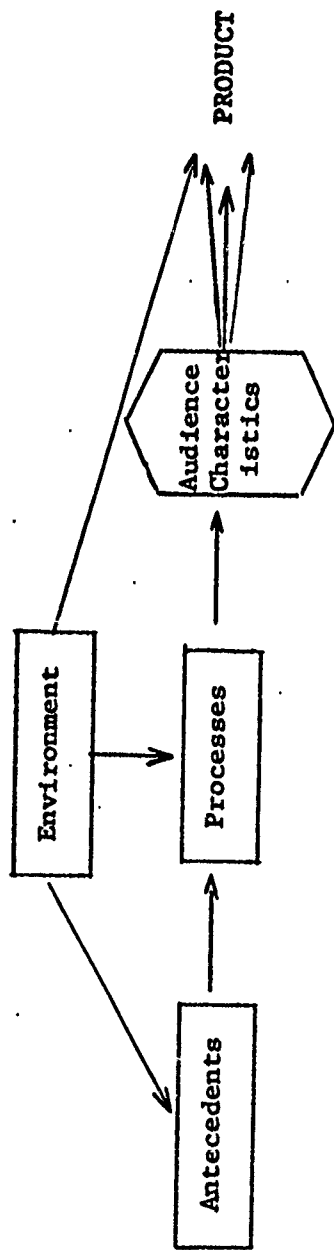
FIGURE 1 CONCEPTUAL FRAMEWORK OF THE PROJECT

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We succeeded in gathering reliable data on the processes, audiences, and product of ADE that shed light on who used alcohol and drugs, why and how frequently they used them, how they felt about this use, and how ADE affected the above. The Automatic Interaction Detection (AID) analysis we carried out proved to be a reliable, powerful, and innovative technique for evaluating ADE. We were able to examine the effect of ADE on a number of criteria, including behavior, attitudes, and values of lower grade enlisted men and members of the Army's leadership structure, with respect to alcohol and drugs.

We visited 16 posts, three of them twice, between October 1972 and February 1973. Some posts were chosen because a certain aspect of their ADEP was unusual, but most were chosen because their programs had generally good reputations. We received useful information in this respect from the Army Research Institute, the Department of the Army Drug Assistance Team of the Directorate for Human Resource Development, and the Drugs and Alcohol Control Division of CONARC. Posts were also chosen to provide geographical dispersion over CONUS, USAREUR, and USARPAC. We looked at programs directed at enlisted men (E-5 and below) at almost all the posts we visited. We examined programs directed at the leadership structure consisting of E-6's and above and officers at six posts. Programs for dependents were examined at nine posts. Typically, a team of three men gathered data at each post for five days; two men spent five days at each overseas post.

Our data gathering and analysis have some limitations. We depended on the truthfulness of lower grade EM to describe their own drug use accurately. (The large proportions who indicated drug use in the anonymous questionnaires make it unlikely that a significant number reported lower than actual levels of use.) Also, our results are valid to the extent that no significant external change at a post (such as a change in the availability of drugs) occurred during the time to which self-reports of drug use refer. Our interviews with the EM, law enforcement officials at each post, etc., gave no evidence that such major external events had occurred. In the before-and-after experiment at one post, we have assumed that respondents in the "before" session in each unit were similar to, if not exactly the same people as, those in the "after" session.

There was evidently some lack of clarity among the young EM filling out our questionnaire, with respect to the definition of alcohol and drug education: it was not clear to them whether the definition included both formal programs and informal communications. This lack of clarity muddied some of our data on exposure to ADE. Finally, when we asked lower grade EM about the messages that ADE was trying to put across, they answered in terms of what they heard, rather than what had actually been said. This selective attention reduces the accuracy of the data on messages.

E. FINDINGS

1. Programs Addressed to Lower Grade Enlisted Men

a. Environment and Antecedents

It is impossible to explain the way in which the ADEP works without specifying some key aspects of the Army environment. (We do not expect that these will be new to the reader.)

We found, among the members of the leadership structure, uncertainty and conflict about the position they should take toward alcohol abuse and drug (especially marijuana) use. The base of the leadership structure reflects, in the matters to which it devotes its attention, the priorities assigned by the apex. In most cases, the upper echelons signalled that ADEP was a maintenance function, to be done to meet requirements of higher authority, rather than something which could directly contribute to mission accomplishment. For this reason, most company commanders gave alcohol and drug education lower priority than many of their other responsibilities. Further, company commanders were caught between two conflicting roles: that of enforcing regulations against the use of any illegal drug, and that of advising and counseling men with problems, including those related to drug use. This conflict led to strains within the command structure, and between company commanders and lower grade enlisted men in their units.

Senior NCO's, on the other hand, told us that they see their role as demanding the enforcement of regulations against illegal drugs, often as related to their responsibilities for mission accomplishment. A wide gulf exists between senior NCO's and lower grade EM: the former are committed to Army careers and to the Army as an institution, and they are firmly against drug use; the latter, in the majority, are civilian-oriented, and many are participants in the sub-culture of youth.

Complicating all aspects of Army life, including the ADEP, are frequent transfers. On the most direct level, this means that training accomplished at a post has no lasting effect there; it is dissipated as the participants are discharged or transferred.

We believe that understanding of the drug problem is more detailed and accurate at the lower levels of the leadership structure than at the highest. Officers at the higher echelons of leadership have simply not had direct experience with drugs or the drug problem.

The amount of effort expended on ADEP is low—typically, between $1.75 to $7.00 per soldier per year. One reason for this is that spaces are seldom explicitly allocated for ADEP; the ADEP staff "comes out of the post's hide." A related shortcoming is that few administrators or staff members of ADEP are adequately trained for their activity.

b. Processes

The processes of drug education were varied and the content was judged credible by the audience but methods were rarely innovative in the sense used by DA Circular 600-85; lectures, books, and movies were the most common ways of presenting alcohol and drug education. Figure 2 contrasts the proportions of lower grade EM reporting exposure to an ADEP medium, and the proportion who expressed an interest in receiving ADE through that medium. Lectures were received far more often than they were desired. About equal percentages of EM were exposed to desired films and skits. A vast majority of the EM were interested in "rap sessions" as a medium for obtaining alcohol and drug education, but few had actually received ADE through this medium.

Drug Education Specialists (DES) whose ostensible function was to provide drug education to troops, were typically not very active — many had been trained only a few months before we interviewed them. As can be seen in Figure 3, a substantial number of DES's had never carried out an educational activity on alcohol and drugs. Many had carried out their last such activity more than a month before we met with them. This is consonant with our finding, shown in Figure 4, that most lower grade EM did not even know whether there was a DES in their unit, and one in seven believed that there was none. Members of the LS, however, typically told us that there was a DES in the unit. It appears as if individuals were appointed to the title of DES, given training for the role (typically for one week or less) and then returned to their units to bear the title of DES, without taking much action to fulfill the role. It is thus not surprising that 20-30% of the lower grade EM had not been exposed to any kind of ADEP at their posts.

Most of the information that had been received came through Command Information sessions. Large proportions of those exposed to ADE indicated that they learned a lot about where to get help in getting off alcohol and drugs, the dangers of alcohol and drug abuse, what alcohol and drugs will do to their minds and bodies, and the Army's rules and regulations about using alcohol and drugs.

c. Changes in Drug Use Related to ADEP

The most desirable effect of ADE would be a reduction in drug use. We looked particularly to see whether receiving ADE was related to:
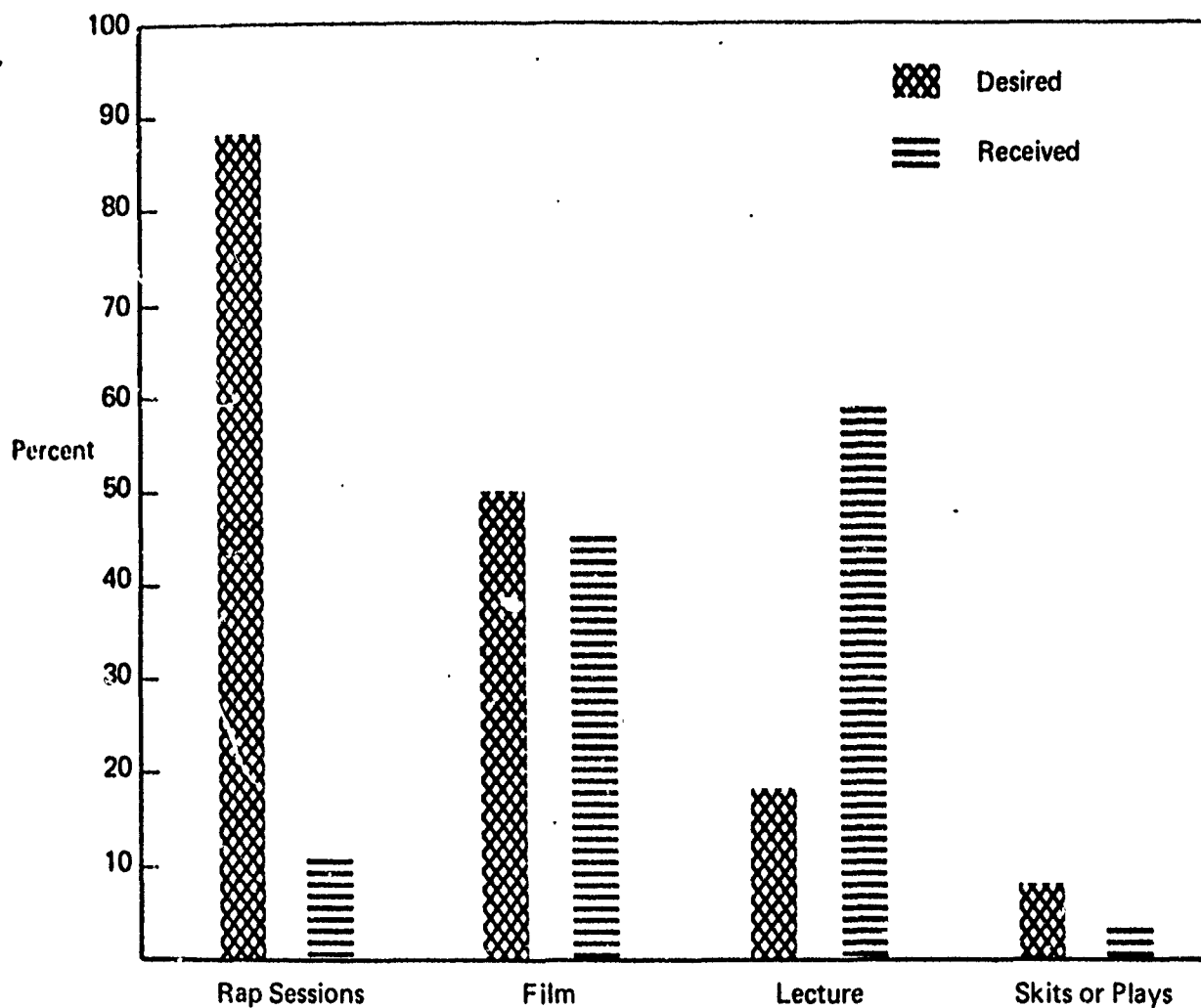
FIGURE 2   ADEP MEDIA: DESIRED VS. RECEIVED (%)
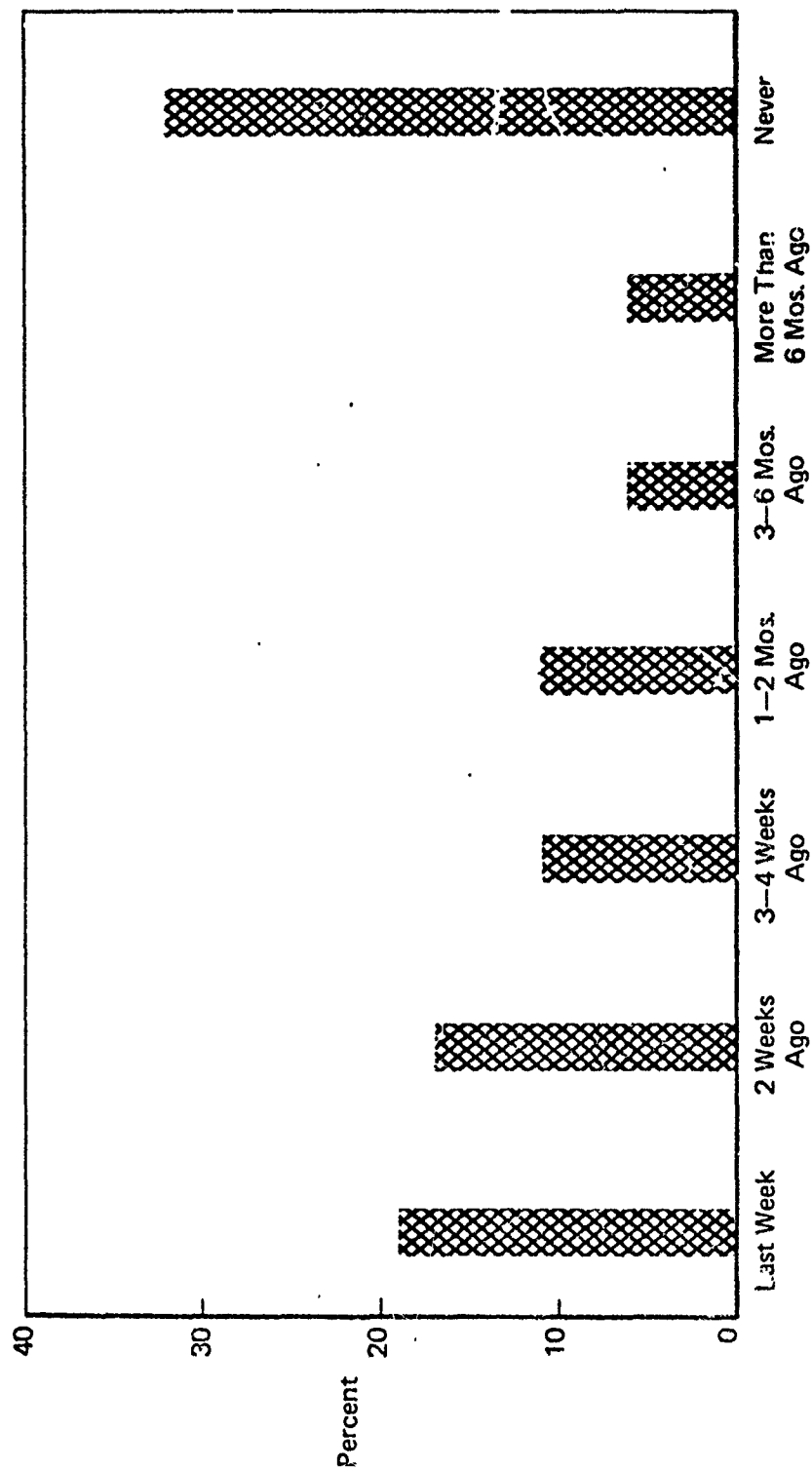
FIGURE 3   TIME ELAPSED SINCE LAST EDUCATIONAL ACTIVITY BY DES (%)
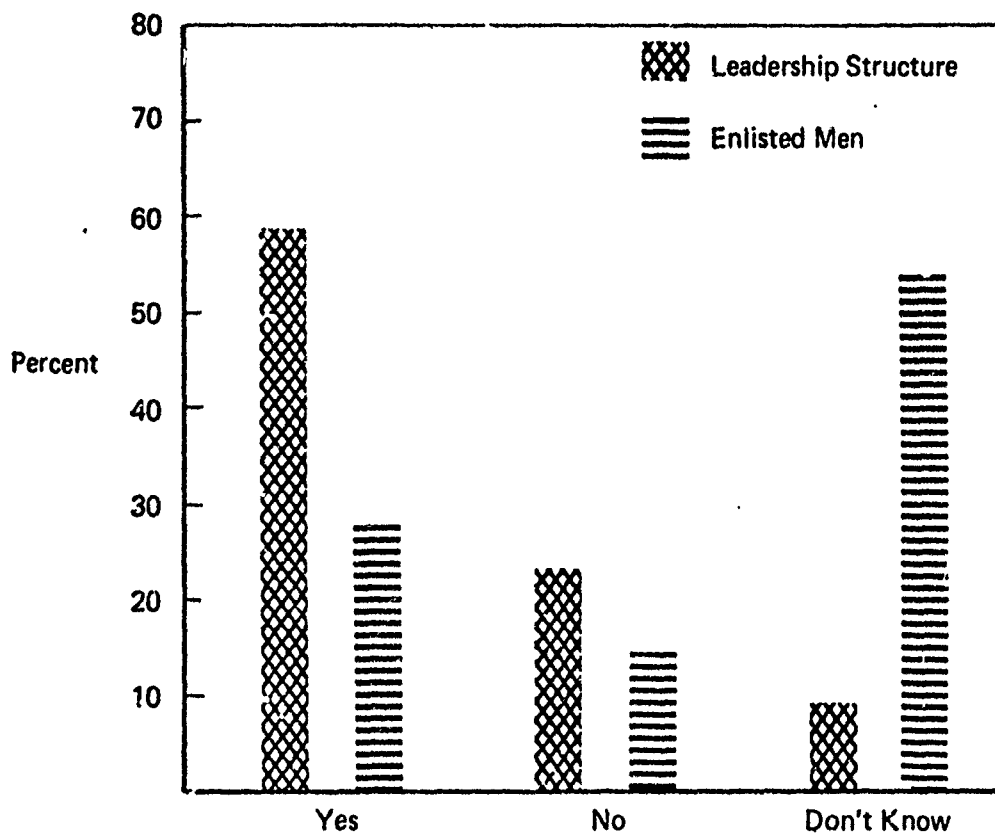
FIGURE 4   IS THERE A DES IN YOUR UNIT? (%)

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- Reducing use of alcohol or drugs,
- Stopping use of alcohol or drugs,
- Preventing the start of use of alcohol or drugs (i.e., reinforcing abstention).

We believe that our most important finding is that *those who received ADE did not change their alcohol and drug use differently from those who did not receive ADE*. (Five exceptions to this rule are discussed in subsequent chapters.) We looked for such changes, both among our total sample and within subsamples that were identified on the basis of other characteristics (e.g., age) as being strongly related to changes in alcohol or drug use. That is, we tested whether various kinds of audiences have different reactions to various kinds of ADE. We made 14 multi-variate analyses in depth, each of which included either 36 (for alcohol use) or 39 (for use of other drugs) variables related to ADE media, messages, sources, or what or how much was learned in ADE. In only five instances did we find a statistically significant relationship between ADE and a change in drug use.

These exceptions account for very little (typically less than 2%) of the variance; in other words, they are only marginally useful in explaining why people changed their drug use. Other variables have a more consistent effect over a wider range of drugs and have a greater explanatory power. We did find the following statistically significant results consistently among drugs and among both groups (users and all members of the sample) examined:

- Older soldiers have more favorable use patterns;

- Soldiers who have been at their post for a shorter time have more favorable use patterns.

Further support for our finding is given by an experiment in which we ascertained use patterns in three units before and after formal ADE. Two approaches were used (discussion and participation vs the standard lecture/film approach). Overall, favorable changes occurred no more frequently after the formal program than before it was begun. Comparing the two approaches, there is evidence that the standard approach (which also involved more hours of instruction) may have been more influential than discussions in discouraging negative changes (start and increase) in alcohol use.

d. Changes in Attitude

Many soldiers reported that ADE had no effect on their desire to use alcohol or drugs. Those who rated the ADEP as having no influence on their desire to use alcohol or drugs outnumbered those who rated other factors (their problems,

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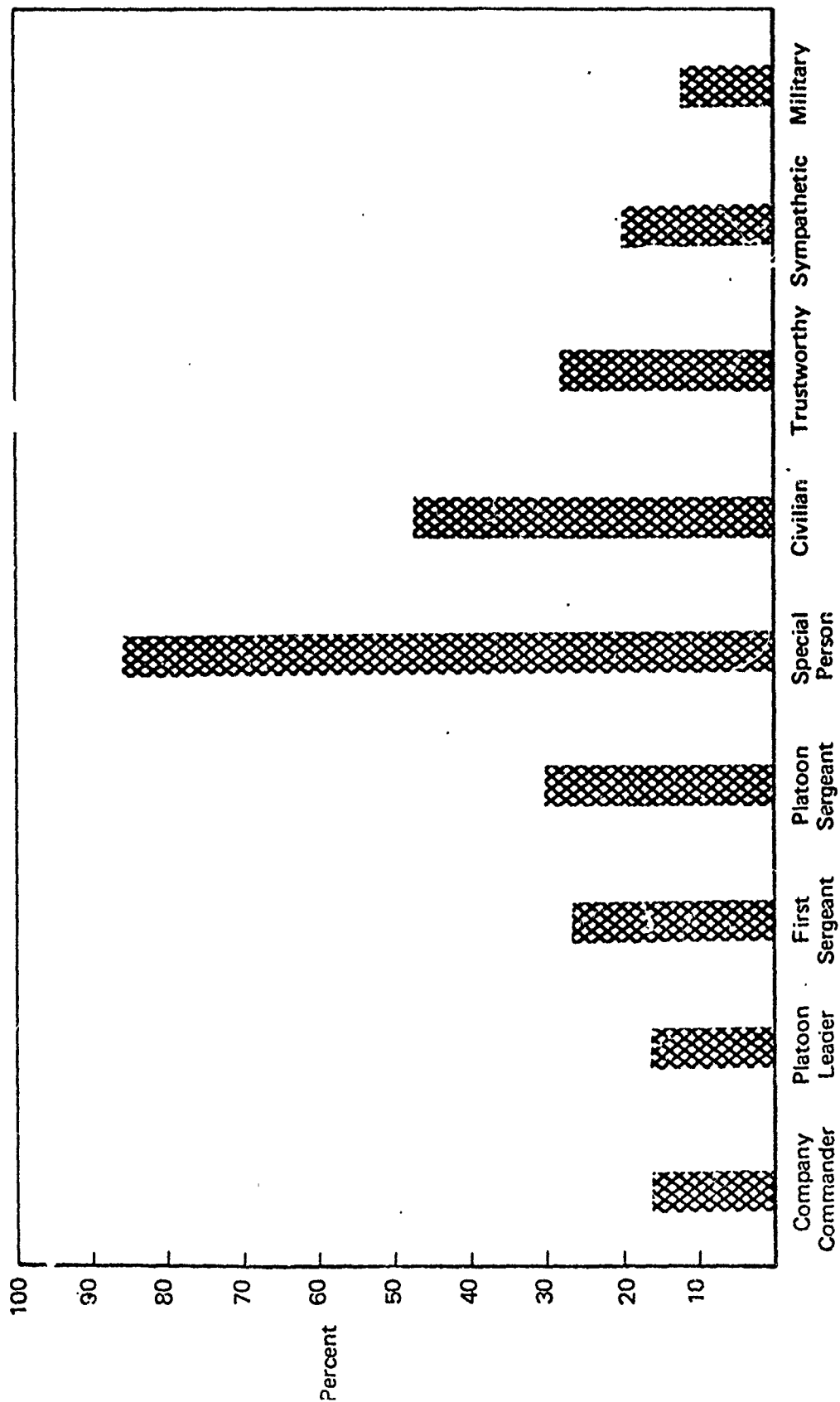
FIGURE 5   TO WHOM WOULD YOU GO FOR COUNSELING WITH PERSONAL PROBLEMS? (%)

other desired characteristics often volunteered. Only one in ten preferred such a counselor to be military.

g. Use of Alcohol and Drugs

Finally, by way of background, Table 1 and Figure 6 present our findings on ·present use (percentage of soldiers in the sample who had used a drug in the last 60 days), and ever use (percentage who had used a drug at least once). These proportions may be slightly understated because we received blank answers in 3-6% of the cases. The data (and others we gathered) indicate that many former users of these drugs have decreased or stopped their use.

TABLE 1

DRUG USE

Drug	% Present Users	% Ever Users
Alcohol	85	90
Marijuana	50	62
Stimulants	26	39
Depressants	21	34
Hallucinogens	20	37
Narcotics Other Than Heroin	18	24
Heroin	7	17
Inhalants	5	13

2. Programs Addressed to the Leadership Structure

a. Process

The three programs we observed emphasized recognition of human problems in the Army, relating them more or less explicitly to alcohol and drug abuse. They also stressed the help that the alcohol and drug program, especially its rehabilitation portion, can provide to alcohol and drug abusers in the units of the leadership structure audience. Some time was devoted to training in identification of drug abusers. All courses encouraged the LS to adopt a more helping and less punishing attitude toward alcohol and drug abusers, and to express this attitude in behavior. They varied in length from four to seventeen hours. They were new, some being given for the first time. All were directed at those with leadership responsibilities — senior NCO's (E-6 and above) and officers. Officers and senior NCO's from the same unit took the courses together.
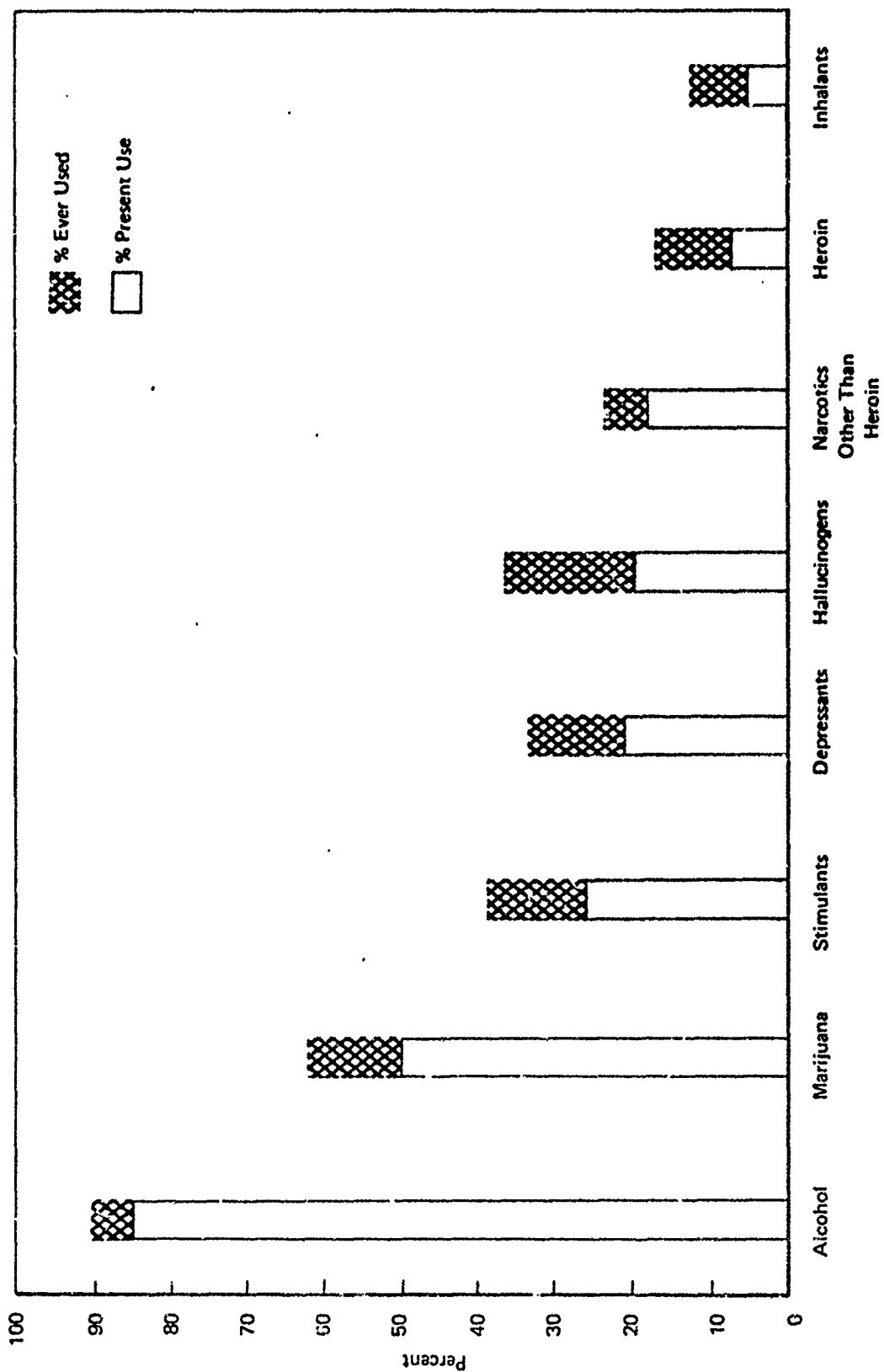
FIGURE 6   DRUG USE (%)

Techniques varied from lecture to films to role-playing, with the first most used. There were usually some opportunities for discussion and audience participation, which varied widely among the three programs, such opportunities being related to the total length of time devoted to the program.

Participants generally felt that the course material was credible.

b. Product

In response to questions about the impact of ADEP on their leadership behavior, many members of the LS reported some effect. However, this was not borne out by the results of questionnaires administered before and after exposure to the programs; these indicated little change in attitudes, knowledge, or behavior with respect to leadership or drugs. Most of the participants reported, in response to general questions in interviews, that they learned something, that the experience had changed their attitudes toward alcohol and drug abusers, and that the course made them feel more competent in handling military personnel; almost half reported that course participation had made them more effective leaders. Fewer than half, however, reported in these interviews that their behavior toward their subordinates had changed.

We found few changes, in terms of differences in responses to batteries of attitudinal, knowledge, and behavioral questions which contrasted members of the LS who had not taken the courses with those who had. At one post (that which had the 17-hour course) there was a statistically significant increase in tolerance and understanding of drug users. At the same post, there was a statistically significant increase in knowledge of the causes and effects of drug use. No significant changes in the desired direction were found at a second post. At a third post, there was a significant increase in knowledge of the causes and effects of drug use. Also, there were significant improvements in over-all score for all the scales we tested, although only the one scale mentioned showed, by itself, a significant improvement. At no post did we find significant changes in reports of how the respondents would react to leadership problems.

We also analyzed questionnaires administered by mail to graduates of the United States Army Alcohol and Drug Education Course (USAADEC). The purpose of this course was to train, during a two-week period, officers and some enlisted men who were sent by their commands and expected to head or work in alcohol and drug control programs at their posts. The course made extensive use of encounter groups, as well as lectures and discussions. Respondents had typically attended the course about 15 months before responding to the questionnaire.

Some graduates had been in more than one assignment since graduation from USAADEC. In 77% of their assignments, they had been engaged in some form of alcohol or drug control work, but, in only half of these cases did the graduates spend the vast majority of their time (at least 75%) in this kind of work. Thus, many of the graduates were not fully utilizing their USAADEC training. (The statistics tend to underestimate the portion not engaged in Army alcohol and drug work, since some graduates who had left the Army did not return their questionnaires.)

Most of the graduates reported that USAADEC had been a valuable experience for them personally, and that their attendance had been, they judged, worthwhile from the Army's point of view. The most frequently mentioned benefits of USAADEC attendance were greater insights about, and sensitivity to, people.

Many USAADEC graduates indicated that their Commanding General/Post Commander, members of the DA Drug Abuse Assistance Team, the local MEDDAC, and Drug Education Specialists were the sources of *most* help in meeting the objectives of ADEP. Many considered the *least* helpful sources to be First Sergeants, the CG/Post Commander (again), MEDDAC (again), and military staff personnel. Very few indicated that First Sergeants were among the most helpful sources.

Those engaged in at least one of their assignments in alcohol and drug education work were asked which USAADEC course groupings were most helpful to them in these endeavors. Over-all, courses relating to background, sociology, an understanding of the drug problem, and pharmacology were rated as most useful.

3. Programs Addressed to Dependents

If the posts we visited had programs for dependents, we examined them to shed light on process. Product data were not available, so we have not attempted to do more than describe these programs.

The dependent programs that we examined (primarily those addressed to dependent children) varied greatly in scope and resources. We found that the Army is devoting some attention to such programs, either in cooperation with local civilian school districts or in its own dependent schools. The Army also runs its own Rap Centers and Dependent Teen Programs. However, the extent of cooperation and Army input is, perforce, a function of the local school districts' preferences in the matter; the priority and energy which the Army devotes to ADEP for dependent children are distinctly less than those devoted to programs for its own military personnel, especially lower grade enlisted men.

Most dependent programs were started recently. They have focused on schoolchildren in grades 4-12, with messages differentiated according to age and maturity of the audience. The military has taken the initiative in spreading the Teen Involvement/Operation Dope Stop (TI/ODS) program, which funds the training of high school students who serve as instructors to younger students.

The Army has responded to local situations, providing help where it is needed and desired. In addition to sponsoring TI/ODS, such assistance has taken the form of training teachers, providing lecturers, helping to plan programs, participating in local committees, planning or coordinating programs, and sharing experiences which would be helpful in shaping such programs.

F. CONCLUSIONS

1. Extent of the Drug Problem

On the basis of our data, we can say that many lower grade enlisted men use illegal drugs, and that many of them do so on a fairly regular basis. Our data indicate that drug use may be a problem for the Army, but probably not in the sense believed earlier. That is, the Army does *not* appear to be burdened with masses of opiate addicts. Rather, it seems that the use of other drugs is quite common; the evidence on frequency of use indicates very few users who are addicted, in the sense that they use these drugs daily. Marijuana use is very common among lower grade enlisted men.

We are *not* able to say whether drug use causes problems in combat readiness or productivity. But drug use is defined as a problem because it is illegal. We found that many members of the leadership structure were concerned with the drug use of their subordinates, to the extent that they try to identify and catch drug users, try to discourage men from using drugs, or feel in conflict with Army regulations when they do not take steps against any use of marijuana. [3]

It seemed to our field team members that the illegality of marijuana, and the official role responsibilities of the LS in enforcing regulations against its use, set up a communications barrier between the LS and the lower grade EM. It appeared that EM were constrained against close communication with their LS, when such

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3. In *Drugs on the Campus*, Helen Nowlis has referred to this syndrome as the "drug problem problem."

communication might lead to revealing to the LS behavior very common among lower grade EM, but liable for punishment if displayed to or reported to a member of the LS. Thus the illegality of marijuana, constrasted with its widespread use, leads to morale problems among both the EM and the LS. Further attention to marijuana and hashish drains off precious resources of leaders and organizations like the Provost Marshal and Criminal Investigation Division.

2. Some Perspective on Army Efforts to Attack Alcohol and Drug Abuse

The armed services are similar to many employers, in that some of their employees abuse alcohol or drugs. They are different in that a large proportion of the employees are young men, the population where risk of abusing drugs is highest, and risk of abusing alcohol is significant. More important, they differ in that they are devoting considerable effort to coping with the problem, rather than simply discharging those who have it. In this respect, the Army and the other services are taking a point of view that is both more humane and probably more protective of their enlightened self-interest, in the long term, than that of the vast majority of other employers. This concern with the welfare of the individual runs counter to the popular image of the Army. It is refreshing, compared with what we have seen in other employing organizations and we applaud it.

Nevertheless, there is a conflict in the Army. Partly because of a legitimate and necessary concern for mission accomplishment, there are internal pressures to cope with drug abuse by a combination of punitive measures and discharging drug users. Any steps the Army takes to develop a vastly expanded Human Relations Program to help *prevent* the abuse of hard drugs, as we recommend, will be much more likely to succeed if the conflict is resolved through direct and open confrontation.

3. Alcohol and Drug Education Programs Addressed to Lower Grade Enlisted Men

This project was conceived as an attempt to discover empirically, by observing the functioning of ADEP at various posts, what media, methods, and sources work best with different audiences. We expected that with a wealth of variation in techniques among posts, we might find enough variation in the product of ADEP — namely, the attitudes toward alcohol and drugs that it generates and the influences on alcohol and drug use that it has — so we could identify the best techniques and recommend them for wide application.

Our expectations were not met. ADE in the Army has had no noticeable effect in preventing soldiers from beginning or increasing their use of alcohol and drugs. Through all the posts we visited, with all the techniques we looked at, education was ineffective as a preventive device. Further, it was uniformly ineffective. No aspects of it were more effective than others in holding the line against the use of alcohol and drugs.

Why was this so? Primarily, because education can at best result in learning, in the acquisition of new facts and insights. (Education does not necessarily even result in learning, unless certain conditions about the teacher and the taught, and the relationship between them, are met.) In some situations, education can influence attitudes, when these are attitudes toward abstractions, or toward entities with which the learner has limited personal experience. But education cannot change attitudes or values or behavior, unless the learner is *motivated* toward change.

We found that young soldiers who use alcohol or drugs are strongly motivated to do so, and are *not* strongly motivated to change. They are motivated toward use, either because they feel a compulsion to do so, or because they enjoy it. This is reinforced by extrinsic motivation and legitimization: some young men who use alcohol or drugs are members of peer groups who believe not only that there is nothing wrong with this use, but that it is *beneficial.* Those motivated by compulsion use alcohol or drugs to escape unbearable reality or to cope with unpleasant aspects of their lives. Those motivated by enjoyment use alcohol or drugs because they feel better when they do so, or they experience a heightening of consciousness, feelings of insight, or peace.

Thus, when we deal with alcohol and drug use, we are in the realms of feeling and emotion; we are not attempting to teach nomenclature and techniques. Accordingly, we cannot expect to prevent young men from beginning to use drugs, or to reduce their use, by presenting them with a two-hour lecture on the names of drugs, their appearance, and what *we* assert the drugs will do to *them.*

Education has not, will not, and cannot change personal attitudes and behavior. We know this because of what we learned about the Army's education program, and through what we and others have learned about attempts to influence drug use and other behavior through education. The experiences and motivations of adult human beings have so tempered them that they are not malleable in the lukewarm water of educational programs.

Amitai Etzioni [4] has summarized the situation well:

4. Etzioni, A., "Human Beings Are Not Very Easy to Change After All — An Unjoyful Message and Its Implications for Social Programs." *Saturday Review*, June 3, 1972, pp. 45-47.

[The prevalent approach to social problem solving] is based on the assumption that people can be taught to change their habits...

Imbedded in the programs of the federal, state, and city governments and embraced almost instinctively by many citizens, especially liberal ones, is the assumption that, if you go out there and get the message across — persuade, propagandize, explain, campaign — people will change, that human beings are, ultimately, quite pliable...

But can they? We have come of late to the realization that the pace of achievement in domestic programs ranges chiefly from the slow to the crablike — two steps backward for every one forward — and the suspicion is growing that there is something basically wrong with most of these programs. A nagging feeling persists that maybe something even more basic than the lack of funds or will is at stake...

... We are now confronting the uncomfortable possibility that human beings are not very easily changed at all.

Take smoking, for instance. Since 1964, when the Surgeon General began calling attention to the dangers of cigarettes, a vast and expensive campaign has been waged, involving press releases, lectures, television advertisements, pamphlets, and notations on the cigarette package. The positive result of all this activity, however, has been slight. At first there was no effect at all; actual cigarette smoking continued to rise until 1967. Then it dropped from 11.73 cigarettes per day per person aged eighteen years and over to 10.94 in 1969. More recently the level has risen again.

The moral? If you spend $27 million, you may get enough people to switch from Camels to Kools to make the investment worthwhile for the Kool manufacturers. However, if the same $27 million is used to make nonsmokers out of smokers — that is, to try to change a basic habit — no significant effect is to be expected. Advertising molds or teases our appetites, but it doesn't change basic tastes, values, or preferences. Try to advertise desegregation to racists, world government to chauvinists, temperance to alcoholics, or — as we still do at the cost of $16 million a year — drug abstention to addicts, and see how far you get.

One of the few effective and efficient ways in which people can be basically remade lies in a total and voluntary reconstruction of their social environment. Thus, when students withdraw from the campus into a rural commune, or Jews emigrate from the U.S.S.R. and Eastern Europe to found a new Israeli kibbutz, life can be deeply recast. The creation of a whole new environment for addicts - indeed, a new social community - on a voluntary basis, as achieved by Synanon, is highly effective, and Alcoholics Anonymous seems to provide a cure as effective as or better than Antabuse. Many alcoholics and mental patients who are integrated into therapeutic communities are reported to recover well.

... At the same time one must note that effective total-change groups work only for those who join voluntarily. Most addicts, mental patients, prison inmates, and others in need of change don't volunteer to join. Hence, the total-change approach is considerably less applicable to social problems than some would have it be...

The lack of success of ADEP in making significant inroads on alcohol and drug abuse has resulted from the strong motivations toward alcohol and drug use among many soldiers. A key fact is the existence of the youth sub-culture among significant numbers of young EM. These are the people who used drugs before coming into the Army, who do not wish to make the Army their career. We speculate that they make up significant numbers of the users of marijuana and hallucinogens, through not necessarily of the users of other drugs. In interviewing the members of the sub-culture, we found that they are not motivated by respect for the Army or for any other kind of authority. They are not motivated strongly by a desire for achievement or accomplishment. The Army has little leverage over them, since it has few rewards under its control to motivate them.

The members of the sub-culture present major problems for the Army in other respects as well. In fact, drug use may be a minor problem compared with those of disciplining and leading sub-culture members toward mission accomplishment. Drug use is only a symptom of a culture clash between the Army and members of the sub-culture.

We have reviewed some reasons, related to human resistance to change, for the lack of success of alcohol and drug education. In addition, there are reasons that derive from the Army as an institution. Drug prevention has not received full institutional support from the Army: between 20% and 30% of all young soldiers have not received any ADE at their present posts. What they do receive is sporadic and sometimes poorly coordinated.

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More important, ADE presentations are not always backed up by institutional pressures against their use, with the same message. Since ADE is not viewed, by many line commanders, as being closely related to the accomplishment of their mission, they (and their NCO's and troops) give it lower priority.

Some, probably many, Army drug users are not members of the sub-culture; significant numbers acquired their habit in the Army. Boredom and personal problems in their present situation were reported to be important influences toward drug use by many men. We surmise that these soldiers are not members of the sub-culture, who would be more likely to report their motive as a desire for kicks, a desire to raise consciousness, or previous enjoyable experiences with drugs.

We have come to the conclusion that the best the Army can do to prevent alcohol and drug abuse is to structure the environment so that soldiers can receive more life satisfactions and be less troubled by boredom and personal problems. This leads us to consideration of ADE for the leadership structure, and what they can do toward these ends.

4. Programs Addressed to the Leadership Structure

The LS programs we observed sought to make the LS more sensitive to human problems and more aware that many soldiers use drugs because of these problems. The programs sought to make the LS more tolerant of alcohol and drug abusers, though not of alcohol and drug abuse.

The LS programs succeeded only minimally. We believe there are three reasons for this:

- First, they were of short duration. (Those of longer duration were more effective, as judged by their participants.) Learning of new skills takes time. Attitude change takes time and requires other supports to the learning process, as discussed below.

- Second, the programs we observed were new. They had not had time to shake down, develop, and benefit from their own experience.

- Third, and probably most important, the programs did not receive institutional support from other aspects of the Army situation. This can probably be best exemplified in the question asked by one NCO, who had been trained as a DES. He had been told, during DES training, that he was to devlop a confidential relationship with the other EM in his unit, so that they could tell him

about drug use, and he would not report what he had learned through command channels. He asked, during his training, what his obligation would be if, acting as Charge of Quarters, he saw someone using drugs. Would he be wearing his DES hat, or would he be wearing his hat as enforcer of Army regulations? He was not given a clear answer. [5]

The main reason why programs addressed to the leadership structure have not produced behavioral changes is that the LS (particularly NCO's) typically see their role as enforcers of Army regulations, using prescribed measures, against use of illegal drugs. This role conflicts with taking other measures for helping drug users with their drug problems or their other problems, when these are related to drug use. Further, reliance on law enforcement methods to eradicate illegal drug use takes time and energy away from working more closely with men (rather than taking a watchdog role) to improve their life satisfactions in ways that will help reduce the motivation of some of them to use drugs. We believe that programs addressed to the LS of longer duration than the ones we observed, and backed up better by Army policies and command rewards for leadership behavior, constitute the Army's best means, indirect as they are, for preventing alcohol and drug abuse.

G. RECOMMENDATIONS FOR A REVISED ARMY ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM

1. Programs Addressed to Lower Level Enlisted Men

We recommend that strictly educational programs on alcohol and drugs addressed to lower level enlisted men be limited to feasible objectives and modest scope. (Many present ADEP are meeting these objectives fairly well.) Formal instruction should cover only two topics: [6]

- What the Army expects of soldiers, with respect to alcohol and drug abuse. This includes policies and practices with respect to these substances, search and seizure, law enforcement, and penalties, both of the post and the surrounding civilian communities. It also includes a description of the exemption and urinalysis programs.

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5. We were told by the staff of the Directorate for Human Resource Development that their policy gives precedence to the DES role. That policy seems, however, not to have been communicated down the line.

6. This does not exclude flexibility, e.g., answering EM's questions about drugs, or telling them about locally available drugs, new to them, which are dangerous.

- Help available to soldiers with personal problems, including problems with alcohol or drugs. This includes a description of the Human Relations Program (HRP), discussed more fully below, how and where they can get help, and alcohol and drug rehabilitation.

2. Strengthening the Human Relations Program

We are convinced that halfway measures will not be effective in either preventing or reducing alcohol or drug abuse. If the Army seriously intends to curb abuse of hard drugs, it should undertake a major augmentation of its Human Relations Program (HRP). The Alcohol and Drug Education Program (ADEP), as well as efforts in identification and rehabilitation in alcohol and drugs, should be part of the HRP. Although we believe that much has been learned from the present style and scale of efforts to prevent alcohol and drug abuse, we have come to the firm conclusion that only a broad HRP can ameliorate the problem significantly.

We recommend that an expanded HRP and the programs addressed to the HRP, described below, be developed and tested at one post, on a pilot basis. A formal and extensive evaluation, including the gathering of data on cost and effectiveness, and the use of one or more control posts, should be carried out. If the evaluation shows that the methods used were successful in curbing drug use, and that the benefits outweigh the costs, we recommend that the Army implement the program on a widespread basis.

The HRP should include a counseling function that is available to all Army personnel who have problems which require help. We recommend that it be adapted from "troubled employee" programs in industry. It should be staffed by both Military Human Relations Counselors (MHRC) and Civilian Human Relations Counselors (CHRC).

We recommend that a main effort of the CHRC and MHRC be to counsel those who desire it. Part of their efforts should also be spent in "rap sessions" with small groups of EM selected because they are believed to be abusing alcohol or drugs, or because they have adjustment problems that might tempt them to do so.

Briefly stated, we think that an expanded Human Relations Program will benefit the Army by helping to prevent personal problems from burgeoning to the extent that they lead to pathological behavior, such as alcohol and drug abuse. But acting on problems after they begin is only part of the weaponry against pathology; more active prevention must supplement work with individuals. This involves working with the LS to help provide more life satisfactions to lower level EM.

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3. Programs Addressed to the Leadership Structure

We recommend that a major part of the HRP be devoted to training the LS. A minor aspect of this training sould be to familiarize them with the Army policy on alcohol and drug use and with the Human Relations Program itself. We recommend that the total LS training be of 20-40 hours' duration and that, as discussed below, it be reinforced by command policies and practices. The training of the LS should have two purposes: motivating towards improved leadership behavior and imparting the skills which will enable leaders to display the desired behavior.

The leadership behavior to be encouraged and trained for should consist of the following:

- Imparting skills in paying attention, wherever the exigencies of mission accomplishment make it possible, to ways of improving the life satisfaction of subordinates — i.e., ways of providing them, on the job, with meaningful and satisfying work which will give them a sense of accomplishment and achievement.

- Showing how to respond to the individual concerns and problems of subordinates by working closely with them, understanding their needs, and meeting these needs when this can be done without sacrificing accomplishment of the mission.

- Encouraging LS to reduce unnecessary stresses by assigning work which is within the capabilities of those held responsible for it.

- Instructing LS in how to facilitate communication between LS and lower level EM by creating an atmosphere where juniors find that talking about problems with seniors helps them, rather than piling new problems onto old.

In recommending that LS be trained to provide more opportunities for EM sat   ion, less boredom, etc., we are *not* suggesting either the coddling of rul .eakers or the building of a "country-club" environment for EM. Rather, we recommend ways to provide, through the LS, more opportunities for meaningful work and healthful activities aimed at developing the soldier. In recommending an expanded counseling program, we argue for the provision of resources to aid the soldier with real problems.

On the one hand, the above recommendations seem like platitudes. On the other, some may say that the LS is doing these things now. Our interviews with many lower level EM made it clear, however, that they do not perceive the LS to be doing these things.

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We would like to mention specific examples in two areas, athletics (off-duty satisfaction) and training (on-duty satisfaction).

During the draft years the Army tended to organize athletic teams at the post and higher echelon levels, because many stars were drafted and available. Now that the Army is in a peace-time mode, greater attention should be given to sports of all types at the company level.

During the years when the Army was preoccupied with its very difficult mission in Southeast Asia, science made available many technologies applicable to the training problems of the Army. Specifically, lasers and audio-visual devices now make possible imaginative, exciting and realistic combat training both outdoors and indoors. Approximately two years ago a Combat Arms Training Board (CATB) was established at Fort Benning, Georgia, to look into this problem. It is clear from the concepts developed by CATB that a very great deal can be done to make troop training more competitive and interesting than it has been in the past. Aside from the alleviation of the boredom problem, the application of the most modern technology should significantly add to the Army's combat effectiveness.

Teaching the desired behavior to the LS is not enough. We recommend that the command structure (the upper end of the LS) support and encourage that behavior, not only by example but also by rewarding it when it is displayed.

4. Concentration of Effort Against Hard Drugs

We recommend that the Army make the clearest possible distinctions between hard and soft (marijuana and hashish) drugs in its education, treatment, identification, and enforcement practices. This means minimizing the use of strong enforcement practices and scare tactics with respect to soft drugs while maintaining existing policies with respect to hard drugs. The National Commission on Marihuana and Drug Abuse has found that no pathologic bodily changes have resulted from marijuana use, that acute psychotic reactions are quite rare and occur in predisposed persons, that physical dependence has not been demonstrated, and that psychological dependence is rarely present in intermittent marijuana users. Further, no objective evidence has been found that even very heavy long-term use of hashish (the strongest form of cannabis) causes organic brain damage, and no human fatalities caused by marijuana have been noted in this country. The National Commission has observed, finally, that there is no systematic empirical evidence to support the thesis that marijuana use leads to criminal or other pathological behavior, and that marijuana was not a factor in the drug escalation of the overwhelming bulk of all users, heavy users, or addicts.

The Army will do well to concentrate its efforts on drugs that are known to do harm, either directly or upon establishment of physiological dependence: alcohol, stimulants, depressants, heroin and other opiates, and inhalants. A concentrated attack on these drugs will increase the credibility of the drug control program among its key target audience, lower level EM. It will also help to relieve the conflicting pressures on the lower levels of the LS with respect to whether and how they should enforce the regulations against marijuana and hashish.

5. Examination of the Youth Sub-Culture

We have referred above to the youth sub-culture, young people whose values differ from those of the mainstream of American society in certain important respects. Some of these values lead to the use of illegal drugs. Some of them produce conflicts with the Army LS in other ways. We believe that the sub-culture is here to stay, and some of its members will continue to find their way into the Army.

We recommend an exploratory effort to examine the sources of apparent incompatibility between the Army and young EM belonging to the sub-culture. The Army should look for changes in the personal satisfactions it offers that are consistent with the needs of these young EM and the various missions of Army units. This broad exploratory effort should address motivation broadly in such a way as to include career motivation and race relations as well as drug and alcohol problems.

II. BACKGROUND, SCOPE, AND PLAN OF THIS REPORT

A. DRUGS IN CIVILIAN SOCIETY AND THE ARMY — THE CHALLENGE AND THE RESPONSE

Since 1965, the illegal use of drugs has increased significantly, both in civilian life and in the military. The increase has been particularly great among the young; many of these have used marijuana, and smaller numbers have used hard drugs. The return from Vietnam of thousands of soldiers who had used heroin there helped to increase anxiety about a drug epidemic, not only among the public but also the medical profession, law enforcement professionals, and the three branches of the federal government.

In June 1971 President Nixon directed agencies of the executive branch to devote "urgent and immediate attention to a national counteroffensive against drug abuse. In turn, the Secretary of Defense directed the Service Secretaries to develop drug abuse prevention and control programs ... The functional areas of the Army's alcohol and drug abuse control program are prevention, identification, detoxification, ·habilitation, evaluation, and research."[1] The area of prevention was taken to include education, law enforcement, and community action. Education, in turn, included the transmission of information and (considered more important but more difficult) influencing attitudes and behavior. DA Circular No. 600-85 further enjoined education programs "to make greater use of unconventional methods, e.g., small group sessions, [on the assumptions that] knowing the facts is only a necessary first step [and] education must address the feelings that lead to drug taking."[1] The same document further states that "leaders and supervisors must know about the technical aspects of drugs, the drug culture, and the causes of alcohol and other drug abuse ... they need to understand how to establish an environment that makes ... abuse less likely [and] must learn how to use traditional principles of leadership in ways effective for reaching young soldiers."

Originally, the emphasis in the abuse prevention and control programs was on illegal drugs. The Army became increasingly aware that alcohol was causing similar problems, and has taken more concerted action against alcohol abuse and dependence.

The program, as described above, clearly was a broad one, beginning with efforts to prevent alcohol and drug abuse, and continuing with efforts to identify and deal with those who began abuse. This report covers only one segment — education — of the Army's broad effort.

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1. Headquarters, Department of the Army, DA Cir 600-85, *Alcohol and Drug Abuse Prevention and Control Program*, Washington, D.C.: June 1972.

As part of an effort to evaluate the effects of the alcohol and drug program, the United States Army Research Institute for the Behavioral and Social Sciences (then the Motivation and Training Laboratory) retained Arthur D. Little, Inc. (ADL) to assess the Army's alcohol and drug abuse prevention/education programs. The Directorate of Human Resources Development (then the Directorate for Drugs and Discipline Policies) of the Deputy Chief of Staff, Personnel, Department of the Army, served as sponsor of the study.

B. SCOPE OF THIS REPORT

This assessment has been limited to Army programs which seek to prevent or limit the use of alcohol and illegal drugs through education. "Education" has been defined rather broadly: it includes not only lectures, movies, posters, newsletters, seminars, and formal presentations, but also more informal discussions about drugs and alcohol between soldiers and counselors, unit commanders, and senior NCO's. It does *not* include detoxification, rehabilitation, or treatment activities. "Prevention/education," for our purposes, includes communications about drugs (including alcohol) where the recipient of the communication is *not known* to be a drug user.

The objectives of this study have been:

(1) To systematically review the available methods of drug abuse education and prevention;

(2) To determine the effectiveness of selected methods of drug abuse education and prevention in the military setting;

(3) To assess the interaction between the type of education method and individual characteristics;

(4) To develop reliable techniques for evaluating drug abuse education and training;

(5) To develop multiple criteria for assessing the impact of education and training programs on broad classes of behavior, attitudes, and values; and

(6) To show how the alcohol and drug prevention/education program fits into the Army structure, and how the functioning of the program is affected by its position in that structure, by the roles of members of the Army's leadership structure (LS), by the characteristics and values of young enlisted men, and by the Army's law enforcement efforts with respect to illegal drugs.

This report strives to depict accurately the state and effectiveness of the Army's current education efforts and to suggest how the Army can cope with drug use in ways that are more effective and yet consonant with its mission.

C. PLAN OF THIS REPORT

This report has been organized so that its main text is relatively short, lucid, and speaks to the commander and the policy maker. Parallel to some of the main text chapters are detailed appendices which describe our method, the various procedures we carried out, hypotheses which were not supported by the data, and findings and conclusions of more interest to the scientist and researcher than to the policy maker or operational commander.

The report begins with an executive summary (Chapter I), continues with the present chapter, and then describes the methods and procedures we used. It then discusses the Army and civilian environment within which alcohol and drug education programs (ADEP) carry on their work. It describes the three audiences toward which ADEP, as assessed in this study, is directed: (1) enlisted men as potential alcohol and drug abusers, (2) the Army's leadership structure as those who, by their leadership, can establish an environment that makes abuse less likely, and (3) Army dependents as potential abusers. It then summarizes the activities of ADEP, examines whether it is getting through to its target audiences, whether it is having any effect, what the effects are, and what education methods are associated with these effects. Finally, the report makes recommendations for alcohol and drug education and prevention programs.

PART TWO

PURPOSES, METHODS, AND A CONCEPTUAL FRAMEWORK

III. PURPOSES AND METHODS

A. PURPOSES

Our purposes were somewhat different for the three target audiences of ADEP. For all three, this study describes the present approaches in ADEP.

- For the audience of lower grade *enlisted men* (E-5 and below) we sought to show the effects of ADEP in reinforcing non-abuse behavior of non-abusers, in encouraging abusers to limit or eliminate abuse, and in increasing knowledge about alcohol and drugs for all members of this audience.

- For the *leadership structure* audience, we sought to describe present approaches and to show the effects of ADEP, not only in changing their attitudes and behavior toward alcohol and drug abusers but also in improving their leadership skills and their skills in handling drug abuse problems. A further purpose was to assess the process of training the trainers, those carrying out ADEP. Here, we sought to ascertain changes in attitude toward alcohol and drugs and their abusers, the courses which were most useful, and the kinds of assignments in which those who attended training had the opportunity to apply it.

- Our purpose in terms of the audience of *dependent children* was to describe the programs and assess them on intermediate criteria rather than behavioral effects.

B. METHODS

Before beginning our field work, we reviewed the literature on drug abuse education and training, including research on the assessment of attitude and behavioral change programs. Our findings were summarized in the interim report.[1]

The interim report was useful in constructing a conceptual framework for the study. Based on this, we developed our instruments and pretested them. We made preliminary one-day visits to almost all posts in our CONUS sample. During these visits, we explained the study, made arrangements for the final visit, and

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1. Arthur D. Little, Inc., *Literature Search and Criterion Development, Assessment of U.S. Army Drug Education/Prevention Programs, Phase 1 Interim Report*, Cambridge, Mass.: August 1972.

gathered some preliminary information on the post and its ADEP. Preliminary arrangements for the other posts were made by mail or telephone.

We visited a total of 16 posts between October 1972 and February 1973. Four of these were chosen because they had reputations as innovators; i.e., a particular aspect of each of the programs was unusual or highly promising. Of the four innovative posts, three were in CONUS and one was in USAREUR. The other 12 were chosen because their education programs had generally good reputations.[2] We wished to visit these, since a basic objective of our study was to find out what techniques, methods, and processes in education were working well. These posts were also chosen to provide geographical dispersion: eight were scattered over CONUS, two were in USAREUR, and two in USARPAC. Another desirable characteristic of these posts was that some had programs addressed to the leadership structure.

We visited three of the posts twice at intervals of six to eight weeks, before their ADEP was expected to get into high gear with respect to education addressed to lower grade EM or the LS, in the interval between our visits, in order to measure changes during that interval.

We looked at the programs for lower grade EM at all of the 12 posts that were not chosen because they were islands of innovation. These 12 were "full scale" posts, in that they received the full scale of interviews, questionnaires, and observations by three field team members over five days. (The team was reduced to two for the four overseas posts.) The "full scale" treatment is described below.

We looked at programs for the leadership structure (E-6's and above and officers) at six posts, five in CONUS and one overseas. This last was one of the islands of innovation. At the other three innovative posts (all in CONUS) we concentrated on a values clarification program for lower grade EM at one, an extensive counseling program at another, and a program using techniques described as transcendental meditation at the third.

This report does not include the names of the posts that we visited, nor does it identify individuals or units in any way. We assured our contacts of anonymity, so that they would be free to tell us their insights and experiences without fear of any adverse effects on their interests or those of their organizations. Our purpose throughout was to discover what constitutes a successful program, not to "tell about the ADEP at Camp Swampy."

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2. We have received significant input about the programs from the staff of the Army Research Institute, the Army Directorate of Human Resource Development, and the Drug Abuse and Alcoholism Control Division of the Continental Army Command.

The full-scale data gathering consisted of the following for each post:

- An interview with the CG, Deputy CG, or Chief of Staff. Often there were two interviews, one at entry and a later debriefing.

- An interview with a chaplain, and one with a medical officer (usually a psychiatrist) familiar with the ADEP.

- An interview with law enforcement officials at the post, usually the Provost Marshal and the head of CID.

- An interview, often a series of interviews, with the Alcohol and Drug Control Officer (ADCO) and/or the head of the ADEP.

- Two or three interviews with ADEP staff members.

- Interviews with commanders of six companies, chosen at random.[3]

- Interviews with platoon sergeants from the same companies, in six groups.

- Questionnaires and interviews with Drug Education Specialists (DES) responsible for the same companies.

- Questionnaires and squad interviews with enlisted men from each of four squads (selected at random) from each of the same companies.

- Observation of ongoing ADEP activities.

At some of the posts with programs addressed to the leadership structure, we administered surveys to the participants before and after they were exposed. At others, we interviewed those who had been thus exposed. At one post we did both.

At posts with active dependents' programs, we interviewed those responsible for development or administration of these programs, instructors and those responsible for training them, and students (in small groups). We also typically observed instruction.

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3. Copies of instruments used, and the percentages giving each reply to questions in them, are contained in Appendix III.

Special instruments were developed to examine the innovative post that had an extensive counseling program. These included interviews with the head of the counseling program, counselors, counselees, and senior NCO's and officers of the counselees.

In addition to gathering the data on each instrument, the team that went to each post synthesized what it had learned by preparing a field trip report. These reports included important findings on the program, its environment (the civilian and military environment in which it was embedded), and its antecedents (how it was set up and organized); this information was not necessarily included in the various facts that the instruments were developed to obtain.

IV. A WAY OF LOOKING AT ALCOHOL AND DRUG EDUCATION PROGRAMS

A. INTRODUCTION

We believed that we should do more than describe the ADEP and its effects: we should understand why it functioned as it did. This need led to our research strategy. To obtain a complete set of facts bearing on the problem, we gathered data not only about the audience, the process, and the effects but also about the environment and antecedents of the program. This way of looking at the program and its context (our model of ADEP) helped to organize our data gathering and analysis.

B. ENVIRONMENT — THE MILITARY AND CIVILIAN CONTEXT

Each post's program is embedded in a civilian environment. We inquired about relevant aspects of this environment, such as the availability of drugs and of any alternative gratifications.

Among the other important factors we examined were the mission and the military structure of the post. We found out about the attitudes and behavior of the leadership structure (LS) toward alcohol and drug abuse, the alcohol and drug program in general, and specifically toward the ADEP. We ascertained the reasons for these attitudes and examined the incentives and motivations that condition them.

These were significant topics, because Commanding Generals (CG's) and others at the top of the leadership structure affect the entire structure and function of a post, which in turn shape the environment in a way that encourages or discourages drug use. By their control of command emphasis and priority, CG's can strongly influence the allocation of resources to ADEP. The lower levels of the LS (e.g., company commanders and platoon sergeants) help to form the environment in which lower grade EM serve; the responses that these leaders make to actual and potential drug use are factors which the EM must at least take into account. Moreover, the lower levels of the LS sometimes act as the transmitters of alcohol and drug education by presenting it to their units or inviting people from the post ADEP to dc so.

C. ANTECEDENTS

What the ADEP does and how effectively it does it are affected by many things — the resources which the program has at its disposal, the objectives it sets for itself, its internal organization, where it reports in the post organization, and the selection and training of program staff. We therefore investigated each of these matters.

D. PROCESS — WHAT THE ADEP DOES

We took the same broad view of education as does DA Circular 600-85 — namely, that education includes not only the transmission of knowledge about alcohol and drugs but also activities aimed at influencing attitudes and behavior with respect to them. However, since we must differentiate education from rehabilitation and treatment, we have restricted the definition of education to communication that is addressed to people *not known to be drug abusers* and that seeks to influence their knowledge, attitudes, and behavior with respect to the abuse of alcohol or drugs. We gathered data on four aspects of this kind of communication:

- Messages: What is the ADEP trying to say?
- Media: What means is the ADEP using to communicate?
- Sources: What kinds of people communicate for ADEP?
- Frequency: How often were members of the audience communicated with?

E. AUDIENCES

We also gathered information about the audiences to which communication was addressed, including personal characteristics (e.g., age, paygrade) history of drug use, and intention to make the Army a career.

F. PRODUCT — EFFECTS OF ADEP

We were particularly interested in changes that took place after exposure to ADEP at a post. We looked for changes in attitudes toward alcohol and drug abuse and abusers, knowledge about alcohol and drugs, and, most important for the lower grade EM, alcohol and drug abuse behavior.

G. USES OF THE DATA

The result of our analysis was not simply a scorecard on performance. We used the data on environment and antecedents to interpret the product of ADEP and how it did or did not come about. Through this, we gained insight into cause-and-effect relationships that would help the Army to use its resources more effectively.

PART THREE

FINDINGS AND CONCLUSIONS

V. ENVIRONMENT

A. INTRODUCTION

During their field visits to Army posts in the United States and abroad, the ADL field teams confronted the special nature of the U.S. Army environment. We looked at the strength and constraints of the Army system and organization as they affect ADEP. We became familiar with the values, beliefs, and attitudes of military personnel from the lower enlisted ranks to the senior officer level.

This environment differed from post to post. While certain fundamental characteristics were common to all posts visited, many were not. Some were changing. We do not expect that the contents of this chapter will surprise those familiar with the Army.

We found certain common features that appear to have a substantial impact on the effectiveness of ADEP. Specifically, these included the following:

- The role of the leadership structure,

- Career motivation of the leadership structure,

- Importance of mission accomplishment,

- Personnel turbulence (at all levels),

- The leadership structure's awareness of the alcohol and drug problem, and

- The special problem of marijuana.

Each of these factors is discussed below; each represents a composite of the data and impressions of the ADL field teams. Most of the aspects of the environment described are based on impressions of themes that cropped up recurrently in our interviews, whether or not we asked explicit questions about them. Because few of them are based on hard data, their effect is difficult to quantify.

Accordingly, the comments in this chapter should be interpreted as a general backdrop for the more specific conclusions. Nevertheless, they are important to the ADEP and the ways it can be used to cope with the alcohol and drug problem in the Army. We have used these observations to interpret our findings and to develop our recommendations.

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Before we discuss the commonalities among the environments at the posts we visited, however, some differences should be noted: The posts differed in their civilian surroundings. We found that these differences were somewhat related to changes in drug use by EM after they came to the post. For example, drug use went up markedly at one post within a city where the drug culture is particularly strong and where drugs are very available. Similarly, drug use went up more at overseas posts than in CONUS. We are not able to ascertain whether this was due to easier availability of drugs overseas, to soldiers' greater difficulties of adjusting to the strange cultures surrounding them there, or to the lesser availability of alternatives to drug use overseas.

B. ROLE OF THE LEADERSHIP STRUCTURE

We hypothesized that the leadership structure would be:

- critical to *any* efforts (including ADEP) to address the alcohol and drug problem, and

- uncertain as to its appropriate role in light of the problem.

These hypotheses were borne out by the field observations.

It became clear that the support and understanding of the LS (from NCO to General) of the purpose and objectives of ADE are essential to any successful program.[1] An effective, consistent method of informing the LS of the purpose and objectives of ADEP is necessary for this understanding. Existing Army regulations (in DA Circular 600-85, etc.) provide for this, but the regulations were not widely agreed upon or understood, as shown in Chapter VI.

The ADL field team found at all posts an uncertainty about the role of the LS. This uncertainty was greater at the leadership levels closest to the EM — particularly the company commander and junior officers and NCO's. Specifically, the issue is whether the LS should be (1) enforcers of the law, or (2) advisers and counselors to the soldiers, including those with alcohol and drug problems.

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1. Recognizing the importance of the leadership structure, the Army Research Institute for the Behavioral and Social Sciences has contracted with Research Triangle Institute to make a "Study of the Role of Company-Level Leadership in Preventing Drug Abuse in the Army." The objective of this study is to determine whether leadership style and specific leadership practices are related to differences in levels of illicit drug usage and excessive use of alcohol. The study is in process.

We found the NCO leadership group at all posts to be predominantly cast in the "enforcer of regulations" role, a position consistent with their traditional attitude. A sizable percentage of NCO's expressed concern that they were expected to enforce regulations relating to alcohol and drug use but at the same time encouraged to be advisers and counselors. Few believed they could fulfill both roles. Even fewer believed they had sufficient training to act as counselors on alcohol and drug matters.

The officer group (particularly at the platoon leader and company commander levels) were approximately split between the two roles. Most indicated that their superiors expected them to perform both roles equally well, but few officers believed such performance was possible. The dichotomy for unit-level officers was quite apparent: while good officers should carry out Army regulations on all matters regardless of personal considerations, they should also work with soldiers who have alcohol or drug problems that require counseling. Officers who attempt the latter must often stretch their time and energy to the limit (e.g., because of the amount of time and the depth of training needed) and face conflicts with other requirements that may necessitate the suspension of waiving of Army regulations.

These dichotomies surfaced in our interviews with the LS. About a third of the ADE messages that company commanders reported giving their men were related to their law enforcement role ("Don't use alcohol or drugs," "You will be punished if you do use them," etc.), while about a quarter of their messages were related to drug counseling (e g., "Where or how to get help," "The Army will help you to get off alcohol or drugs").

We recognize that the conflicting role of the leadership structure is not unique to the alcohol and drug problem. The role (past, present, and emerging) of the LS, filled with conflicts of just this sort, has and will continue to be a paramount issue for the Army. It has been discussed here solely to point out that it is a significant factor in the environment.

The above conflict, internal within individual leaders and external between different leaders, affected drug education. Policies on drug use and on the LS reaction to information gained about drug use in a unit, either by observation or because EM volunteer it about themselves, could not be stated unambiguously to the EM in drug education programs. Sometimes the description of such policies given in drug education programs differed from the policies that EM perceived as being implemented. Such discrepancies undermined the credibility of ADEP.

C. CAREER MOTIVATION OF LEADERSHIP STRUCTURE

The positions taken by the officers and NCO's on the alcohol and drug problem and on ADEP should be viewed in the context of the career motivation of these leaders. The military system has set the ground rules for career advancement; rewards, incentives, and disincentives are easily recognized and understood. One of the prime concerns raised by the career officers and NCO's interviewed was how any particular decision or action would influence their careers.

For this reason, the career NCO or officer wants clear guidance from the Army, about how he should act to prevent alcohol and drug abuse, and how he should cope with it when it appears in his unit. Such guidance should not conflict with other responsibilities, e.g., mission accomplishment, whose performance affect the leader's career. Where the Army leads with unambiguous policy, and follows up to make sure that policy is implemented, the career-motivated officer or NCO will follow. Some members of the LS felt such guidance was lacking.

A second problem for the LS as evidenced in the field interviews was the puzzlement of some of them with regard to the attitudes and behavior of the EM who abuse alcohol and drugs. Some officers and many NCO's felt that "a good soldier conducts himself in such a way that he will consider his Army career as paramount." Time and again, leaders asked, "Don't these people realize they are throwing away a career?" The majority of the career officers and NCO's interviewed could not understand or accept the attitudes and behavior of lower grade EM who were not motivated by an Army career, and they acted accordingly.

The legitimate concern of many members of the LS with careers and advancement interacts with the importance of mission accomplishment, discussed immediately below, in a way that affects their attitude toward ADEP and the attention and time they devote to it.

D. IMPORTANCE OF MISSION ACCOMPLISHMENT

While members of the LS held various views on the proper way to handle the alcohol and drug problem, there was agreement on the primary reason for the unit: mission accomplishment. The unit at all times had a mission which was understood more or less clearly by all persons in the unit. The major objective of the leadership was to ensure that the soldiers in the unit were ready for its mission: the unit must function in such a way to maximize its potential, even at the risk of not helping the individual to reach *his* potential.

On the other hand, the leader must take care to maintain the morale of his men. The pursuit of mission accomplishment cannot be so single-minded as to ignore the welfare and the needs of the EM.

Adroit balancing between the primary demands of mission accomplishment and responsiveness to individual welfare and needs has, of course, always been a concern of Army leadership and, indeed, of leadership in all organizations. The balancing is made more difficult when certain needs that many EM consider legitimate (such as that for marijuana) are fulfilled in contravention of the law or Army regulations, or are perceived by some of the LS as inimical to mission accomplishment.

One of the most important measures of a leader's competence is his ability to keep his unit mission ready. This measure applies across the whole spectrum of leadership, from NCO to general officer.

Nevertheless, the senior NCO is more *directly* involved with mission accomplishment that anyone else in the chain of command. He has the day-to-day problem of getting work done. If a soldier is too drunk, hung over, or strung out to work, the senior NCO must immediately face the problem.

Any action or behavior by an individual or group of soldiers which diminished the probability of mission accomplishment (or was even perceived as a threat to mission accomplishment) received immediate attention by the LS. At the more senior levels, the response generally was a restatement of Army regulations: "We will not tolerate any action or behavior which impairs our ability to accomplish the mission. Leaders will take all steps to eliminate the problem." At lower levels, particularly in company-size units, the response was more varied, expecially if the "problem" related to alcohol and drugs. On the one hand leaders agree with mission accomplishment; on the other, they realize the soldiers have a special problem. If soldiers are heavily involved in alcohol or drugs, they are viewed by some leaders as less likely to be concerned with the unit or the mission.

The easiest solution is to eliminate the offender(s), but this may present a problem if the unit is already understrength. Another solution for the leader would be to devote substantial time to the soldier(s) in question, but this may reduce the time he can devote to the rest of his command and his primary responsibility to be mission-ready. One of the most frequent statements by unit commanders bears out this point: "I spend 90% of my time with 10% of the troops, and 10% of my time with 90% of the troops. It is the 10% which are my problems. How can I be mission-ready with all my troops?"

The LS are primarily rewarded for the successful accomplishment of their mission. With limited time and energy, and many demands upon these resources, members of the LS reasonably tend to concentrate their energies on those activities which they perceive as having the greatest payoff in terms of mission accomplishment. They perceive *ADE as making at best a marginal contribution to mission*

accomplishment. Consistent with this attitude, the average company commander and senior NCO place little emphasis on ADE. They spend little time on it themselves, and few seek the assistance of their Post ADEP to provide education to their troops, unless it is mandated by higher authority. This is hardly surprising, considering the primary mission of the Army.

E. PERSONNEL TURBULENCE

"Nothing is really certain in the Army," said one NCO, "except for one thing — you know you'll be transferred sooner or later." Although there are good reasons for frequent transfers, personnel turbulence had important direct effects on ADEP. If ADEP is given for two hours a year in each unit after two hours devoted to it in Basic Combat Training, many soldiers will not receive it due to the fortuitous circumstances of their time of transfer between units in a given year. (Half the men in our sample had been at their present posts for less than half a year.) A post which trains a class of Drug Education Specialists (DES's) will find many of them transferred to another post, or out of the Army, a year after training.

F. THE LEADERSHIP STRUCTURE'S AWARENESS OF THE ALCOHOL AND DRUG PROBLEM

With regard to the drug problem, it is probably fair to say that the Army LS even three years ago was caught unaware and ill equipped to handle the situation. (Alcohol abuse had long been recognized but tolerated in the Army, as it has been and still is in most civilian organizations, but the emergence of the drug problem stimulated new interest in and emphasis on the alcohol problem.) Institutional and personal efforts have been made over the past 24 months to increase the awareness of the LS with regard to the nature and magnitude of the problem, and to increase their personal skills in dealing with it.

However, the education information process still has a long way to go before it can be judged complete or effective. The senior levels often comply with Army regulations on how to handle alcohol and drug problems; however, we found few senior officers with a deep understanding of why people use drugs. This apparently resulted from a lack of "hands on" experience. The junior officer and NCO ranks showed a general understanding of the Alcohol and Drug Program (although it was by no means complete — many leaders at these levels were unaware of the resouces available to help them with their personnel problems) and a more realistic grasp of the alcohol and drug problem. In the majority of cases, this understanding is a result of frequent contact with the problem more than a strong empathy with the soldier.

In summary, the response to the alcohol and drug problem, and to the leadership structure's ADEP measures, is conditioned by the environmental factors discussed earlier. The typical leader can be characterized as follows:

- He is not completely sure of his appropriate role with regard to alcohol and drugs. This creates an ambiguity about the Army policies on alcohol and drugs to be transmitted by the ADEP, and a need for ADEP directed to the LS.

- He finds it hard to understand why some lower grade EM jeopardize careers by unauthorized behavior.

- He believes in the importance of mission accomplishment, but must balance this against the desirability of maintaining unit morale.

- He believes that ADEP contributes little to mission accomplishment. The priority that he gives to it is consonant with that belief, in the interests of husbanding his own and his unit's resources in the face of the multitude of competing demands for those resources.

The conflicts and problems engendered by these environmental factors and by personnel turbulence, which affect both the LS and lower grade EM, are unavoidable in the Army. The environmental factors affect the process and product of ADEP directed at lower grade EM.

The environmental factors also have implications for training the leadership structure of the Army to cope with alcohol and drug abuse. These implications, and the recommendations resulting from them, will be discussed below.

G. THE SPECIAL PROBLEM OF MARIJUANA

1. Introduction

The use of marijuana and hashish poses a special problem for the U.S. Army. It is special because the use of these two drugs is widespread among young EM (half are current users) and because the confusion and frustration associated with controlling their use permeate all levels of the LS.

Concern, confusion, frustration, and even hostility are among the reactions of the LS to the widespread use of these drugs. Such feelings seemed most common at the company commander and senior NCO level. The company commander represents the fulcrum on whom the problem rests. On one side of this fulcrum

are the users; on the other are the higher levels of command which are responding to the feelings about drugs typical of their generation and to pressures from the public in general and the Department of the Army and Congress in particular.

This section of the report explores the anatomy of this "special" problem by summarizing elements of the perspectives held by enlisted men, the company leadership, and higher levels of the command structure. Factors external to the Army are considered, insofar as they exacerbate the feelings of frustration and confusion expressed by the leadership.

2. Differences in Marijuana-Related Attitudes, Knowledge, and Use with Rank and Career Orientation

Differences in behavior and perspective among members of various levels of the J.S characterize the marijuana and hashish problem. As one might expect. the typical EM holds positive attitudes toward these two drugs and defends their use. Because of his personal experiences with them, as well as his discussions with peers who also are users, he is quite knowledgeable about their effects.

While drug use if frequently attributed to boredom, other factors must be recognized to understand the user's perspective. First, many people find the use of marijuana and hashish pleasurable. They enjoy not only their physiological effects but also the psychological benefits of sharing a pleasurable experience with others whom they consider their peers and friends. Many of those who seek to eliminate or curb the use of hashish or marijuana believe that all users are miserable and that they are all driven to deviant behavior by boredom or by problems; this, however, is not the case, and the difference in viewpoint is a manifestation of the gulf which exists between many users and non-users.

Second, the use of marijuana and hashish is but one facet of a sub-culture which opposes many aspects of typical Army life. In this context, the use of drugs serves a quasi-religious purpose – a ritualistic expression of unity among those sharing a common set of values. This explains, at least to some extent, the importance of other paraphernalia such as exotic pipes, black lights, psychedelic posters, and the like.

These elements of the drug culture must be considered when one assesses programs designed to curb or eliminate drug use. For example, since boredom characterizes only *some* users, programs designed to relieve it will not succeed in eliminating marijuana use. An effective program will have to recognize the multiplicity of needs which are satisfied by the use of these two drugs and provide alternative mechanisms for their satisfaction.

In contrast, the LS's understanding of drugs and drug use is considerably different. We believe that few officers above the rank of Captain have experimented with marijuana or hashish and thus have first-hand knowledge of their effects. Official Armed Forces' doctrine[2] on marijuana and hashish, the source of much second-hand knowledge, is at considerable variance with currently held scientific belief as expressed in the Report of the National Commission on Marihuana and excerpted elsewhere in this report. Similarly, the senior officer's peer group typically serves to reinforce existing myths and prejudices about drugs and users. Their attitudes are further polarized by the pressures imposed on them by the law, the public in general, and the Department of the Army and Congress, in particular. Exacerbating the problem for the leadership is the strong anti-militarism voiced by many elements of the drug culture, both in civilian society and the military. The terms "hippie, junkie, peacenik, Commie, pervert," etc., appear to be undifferentiable to many members of the higher levels of the LS.

Thus, numerous attitudes associated with the use of marijuana and hashish have polarized the highest and lowest levels of the Army structure. The company commander and his senior NCO's find themselves at the midpoint between these two opposing forces. The company commander finds himself ill-equipped to deal with those who use marijuana and hashish.

While the company commanders interviewed were aware that the illegality of these two drugs necessitated a law enforcement role for the LS, many were ambivalent about zealously discharging their duty. The unique position occupied by company commanders and senior NCO's in this controversy requires a closer examination.

3. Company Leadership -- The Fulcrum in the Seesaw

While there are some differences between the orientation of company commanders and of senior NCO's toward the use of marijuana and hashish in their units, they do share the problem of coping with the users. An important difference lies in the fact that the position of company commander is a temporary "stewardship" from which an individual will either be promoted or removed after completing his military obligation.

Senior NCO's, on the other hand, are by definition committed to a career in the Army. In general, senior NCO's appeared less willing to cope with changes in Army life than members of the more transient population of company commanders. In fact, in terms of career orientation and resistance to change, especially

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2. *Drug Abuse, Game Without Winners, A Basic Handbook for Commanders,* DoD GEN-33a, Washington, D.C., Government Printing Office, no date.

with respect to attitudes toward marijuana and hashish, senior NCO's were more similar to the higher levels of the military hierarchy than to the company commanders.

However, even senior NCO's are not unreservedly against marijuana use. Only half of the platoon sergeants interviewed in the leadership structure said marijuana should not be used at all, and only 63% said this with regard to other non-alcoholic drugs (compared with 43% and 71% of the company commanders, respectively). The remainder did not specifically sanction the use of marijuana, but seemed mainly concerned that it not be used on duty.

Marijuana and hashish create conflicting demands on many company commanders and senior NCO's. On the one hand, they are expected to enforce the law, while on the other, they notice that many users are better able to perform their duties than others in their units who were *legally* using alcohol during off-duty hours. An analysis of interviews conducted with company commanders revealed that 43% believed marijuana should not be used at all, while 47% evidently did not disapprove of marijuana use as long as it did not interfere with duty. Some admitted that they saw little difference between alcohol and marijuana/hashish. Some felt that the latter two drugs are less harmful to a person than the excessive use of alcohol. There was almost unanimous agreement that moderate alcohol use was acceptable.

Most company commanders and senior NCO's expressed frustration and confusion derived from the controversy in civilian society about marijuana. More than one company commander was at a loss to preach the "evils" of marijuana and hashish use when both he and his men were aware of the findings of the National Commission recommending its decriminalization. Other than stressing that these two drugs were still illegal, company commanders felt that there was little they could say to their men that was credible.

Credibility with respect to enforcement was an expecially frustrating issue for the company LS. For both the company commanders and senior NCO's, their respective leadership roles dictated that they tell their men "If I catch you using hash or grass, I will bust you." Yet, constitutional guarantees impede search and seizure procedures to such a degree that the LS considers it is very difficult to "catch a man with the drug."

Furthermore, even if a legal search is conducted which results in admissible evidence, some unit commanders report that the punishment is often insufficient to serve as a deterrent. This situation is a major source of frustration for the company leadership structure, just as it is for many civilian policemen.

Inconsistencies sometimes arise between the message of the ADEP given to company commanders and, through them, to their troops, and the policies and procedures promulgated by the higher levels of command. For example, one of the leadership courses stressed that the use of marijuana and hashish, while illegal, represents a normal stage in the maturation process of many young men in today's society. "These young men are not evil, nor are they really criminals. The majority of them will develop into fine and upstanding Americans. To 'bust' these men, to leave them with a criminal record, would indeed be an unfair penalty to impose for youthful experimentation and indiscretion." Consequently, company commanders were advised not to devote their efforts to "witch hunts" for drugs.

With respect to the use of hard drugs, this course stressed that their use was an expression of deviant behavior and that little could be done about users other than apprehending and discharging them. "If these people were not using hard drugs, they would be exhibiting some other form of deviant behavior. These deviants may constitute as much as 16% of the population, and their rehabilitation rate is extremely low—about 1%. Even if these people were rehabilitated, they would turn to some other form of deviant behavior such as robbery or assault."

While this program may have allayed some of the frustration felt by company commanders and senior NCO's, it was not congruent with the policies promulgated by the higher levels of command. Many company commanders expressed the need for a consistent and unified policy throughout the leadership structure; a foundation for coordinated education and enforcement based upon a better understanding of marijuana and hashish. Such a policy should, in their estimation, reflect some of the information gained from their own experiences in dealing with the men and the various drug problems in their units.

4. Summary

The special problem posed by marijuana and hashish reflects the confusion which exists throughout the command hierarchy. Those who formulate policy on drugs typically do not possess first-hand experience or knowledge of the drugs and have not personally dealt with the users. Thus, all too often, policies are not based on "reality" as seen through the eyes of the unit commander but are formulated in response to the pressures they see imposed by the public, the Congress, and the Department of the Army. Until there is agreement throughout the hierarchy as to what the Army's policies and practices are concerning marijuana and hashish, unit commanders will remain confused and frustrated. Furthermore, without a consistent policy, it is impossible to develop an education program whose message is consistent with *accepted* objectives and other actions by Army leaders and law enforcement officials.

VI. ANTECEDENTS OF ALCOHOL AND DRUG EDUCATION PROGRAMS

A. INTRODUCTION

The antecedents of the Alcohol and Drug Education Programs (ADEP) at 13 posts are compared and contrasted in this section of the report. Specifically, attention is directed to such factors as:

- Command support for ADEP and organizational framework,
- Budget and manpower allocated to ADEP, and
- Education and experience of ADEP personnel.

Data from a variety of sources served as a foundation for the discussion which follows. Specific inputs included the interviews with the Commanding General, the Alcohol and Drug Control Officer (ADCO), or the Education Program Administrator, members of the ADEP staff, and both company commanders and senior NCO's. This underlying information has been displayed in data matrices to facilitate a comparison and contrast of results on each variable across the 13 posts. Blank cells in a data matrix indicate that insufficient information was available from the various sources to make a judgment; consequently, key words could not be abstracted.

B. COMMAND SUPPORT FOR ADEP AND ORGANIZATIONAL FRAMEWORK

In the Army, as in business organizations, the degree of "top management" support for a program is an important factor in its ultimate success or failure. During the interviews, several anecdotes were reported which reflect the importance of "command support" for any program.

One post in particular had recently experienced a change in command. This post had compiled an extremely poor automobile-accident history, which greatly disturbed the newly appointed Commanding General. He immediately established an enforcement program to apprehend traffic violators. The effects of his program were clearly visible, both by the presence of the Military Police and the reduced number of accidents. Thus, a post commander's objectives and priorities can have a significant impact on which programs are supported and which are ignored. ADEP is no exception to this rule.

The assessment of command support for ADE was obtained from several different sources, as shown in Table 2. At most of the posts, field team interviewers had an opportunity to talk to the CG or his representatives and to ascertain their support for the post's ADE efforts. An examination of the responses reveals that, in the majority of cases, their support is the minimum required by regulations.

This simply means that the post commander is aware of DA Circular 600-85 and conforms to its requirements in setting up his post's ADEP. At some posts, such as 2 and 6, it was apparent that the CG had recently been briefed about the latest program developments so that he could anticipate questions from the field team members. These, as well as other commanders, had difficulty distinguishing between rehabilitation and education. Many a Commanding General avoided questions concerning the ADEP at his post by responding in terms of urinalysis rates and the number of people treated at the Halfway House.

In contrast, positive Command support for ADEP was apparent at Posts 4, 7, 9, and 10. At Post 4, for example, the CG was intimately familiar with drug abuse problems and with the preventive measures instituted under his direction. He was extremely well-informed, possessing knowledge considerably more detailed than that which could have been gleaned from a briefing on the subject. Similarly, at Posts 7, 9, and 10, commanders were aware of the magnitude of the alcohol and drug problem and were familiar with the education activities which had been instituted to deal with the situation.

If the Command support expressed during the interview with the post commander were genuine, one would expect others at the post to be familiar with Command policy. Also, one would expect to find action or support at the unit level. Thus, to assess whether stated support was real, the field teams, using their experiences and impressions, abstracted statements of "CG policy" and "action/ support at the unit level" for each of the 13 posts.

With the exception of Posts 4 and 9, little of what commanders said was being done was apparent at the unit level. At Post 4, controlling drug abuse is a top-priority program which includes education, enforcement, and rehabilitation. The education is directed primarily at the LS, since the CG, as well as those associated with the ADEP, firmly believe that drug abuse is a Command problem. The underlying premise is that effective leadership at the company level is the most appropriate avenue for addressing drug abuse.

An important aspect of Post 4's program is the inclusion in efficiency reports of two measures of how well a company commander deals with drug abuse in his unit. Thus, the leadership training is offered within an environment o`expected and supported behavior on the part of company commanders.

The program at Post 9 is also aimed at the leadership rather than directly at the EM. Unfortunately, while there is good Command support, the program is only beginning.

TABLE 2

ANTECEDENTS — COMMAND SUPPORT FOR ALCOHOL AND DRUG EDUCATION

POSTS

	1	2	3	4	5	6	7	8	9	10	11	12	13
Command Support													
— Mentioned by CG													
Field Team Assessment													
● CG Policy	"Try the numbers"— and uninformed	"Try the numbers"— no F.T.	"Try the numbers"	strong support/ informed	"Try the numbers"— not informed	"Try the numbers"— no F.T.	supports program and pushing staffing	"Try the numbers"	gross command support	moderate command support with command	no interview with command	"by the numbers" but uninformed	support for enforcement & enforcement more than education
● Action/Support at Unit Level	Drug problem as top priority, got DES for each company	Know the state. Show some thing is happening. No real support	"right ship" program	Top priority, strong support for leadership, Training, Rehab. and Control	previous CG supportive	no action is respond by DA. Unit other important CO, NCO	"formal" support for formal plan now a com- ment program	Support for formal plan now a com- ment program	Support for formal plan now a com- ment program	compliance with major command support	formal, but realistic Concerned about numbers	formal, but realistic Concerned about numbers except DES	Support for enforce- ment & harassment policy — no education except DES
● No Mention or Unknown	No real action or reason at unit level. Lots of other prior- ities separation from a big comm.	No action to help CO	No action to help CO	Two of the evaluation criteria for leadership effective. Is handling of Drug Problem tonight by CO's	more honest CO's are criti- cal for winning fight, for sep. battalion	more honest CO's are criti- cal for winning fight, for sep. battalion	performing at minimum standards	performing at minimum standards	aimed at leader- ship, not EM in the initial stage, no support, no CO	emphasis on statistics, per se	no ed. program action, per se	little positive action, n material, little info	DES training — informers for commanders harass- ment — retrieving docs, no black lights, body inspections
Origin of Command Support According to Leadership													
● DA		SM		SM	SM	FM		SM	M			SM	
● CONARC						SM							
● Major Army Command				SM		SM							SM
● CG or DCG		SM	M	MFM		MFM		SM		SM	SM	SM	M
● Brigade				M		SM			SM	SM	SM	M	M
● Battalion				M		SM				SM	SM		M
● No Mention or Unknown	MFM	MFM	MFM	FM	MFM	MFM	MFM	MFM	MFM	MFM	MFM	MFM	MFM
● Increase in Emphasis on ADEP as Perceived by CO & PLSGT	28%	75%	54%	75%	69%	80%	37%	71%	58%	27%	62%	63%	61%
● ADCO or Drug Ed. Admin. Assessment of Command Support	"former" CG sup- port, but no real "pulling" for the program	"support" from CG by non- interference	ADCO can run program his way, says he had comm. support	high support CG active as orienting program	unknown — no CG	Good Drug Ed. Admin. support from CG	Medium sup- port from CG	good support from CG by ADCO	good support from CG activated by ADCO	Emphasis from major Army Comm. CG compliance	Emphasis from major Army Comm, CG compliance	Medium	61%
ADCO Staff Assessment of Command Support	No Mention	low support, CG not aware, minimal	No Mention	high support	medium sup- port from CG toleration	medium support most of arm. on number of troop	No Mention	formal sup- port, but no active support or "appearance" or denial	No Mention	Medium	low support from CG	Medium	Medium

MFM — Most Frequently Mentioned
FM — Frequency
M — Mentioned
SM — Seldom Mentioned

In contrast to the inaction found at the unit level at most posts and the activities at Posts 4 and 9, the visit to Post 13 revealed a different set of activities. At this post, support for education is minimal, and the minimum attention mandated by regulations is paid to rehabilitation; Command emphasis is on apprehension of users and harassment.

Post 13 recently embarked on a program to train Drug Education Specialists (DES). These, to a large extent, are perceived by the Command as informers who will keep company commanders apprised of the magnitude of the drug problem in their respective units. Concurrently, a policy of harassment has been instituted in some of the units to "create peer pressure against the 'potheads' by making life uncomfortable for all, even those who are straight." Harassment includes periodic body and area searches. The CID people at this post are pessimistic about the effectiveness of this approach, because of the large number of users and their dominance over activities in the billets.

Interviews with company commanders and senior NCO's provided information about the emphasis given to alcohol and drug education by the post commander as well as by other members of the leadership structure. Specifically, company commanders and senior NCO's were asked whether the emphasis on alcohol and drug education had changed during the past year. Table 2 shows that approximately three fourths of the respondents at Posts 2, 4, 6, and 8 reported an increase in emphasis. At Posts 5, 11, 12, and 13, approximately two-thirds of the respondents reported greater emphasis on ADEP. In contrast, only one-third of the company commanders and senior NCO's at Posts 1, 7, and 10 reported an increase. The latter three posts had only recently launched their education programs (typically within the previous six months at the time of our visit), and this may account for the nature of the responses.

Company commanders and senior NCO's who reported an increase in emphasis on education were asked to identify the source of that support. The post commander or deputy post commander was "most frequently mentioned" or "frequently mentioned" at Posts 4 and 7. At Post 4, the brigade and the battalion were also mentioned as sources of support by the company commanders and senior NCO's. Thus, it appears that the support for the program at this post exists not only at the highest level but also at the intermediate levels of the LS.

The assessment of program support by company commanders and senior NCO's must be viewed with caution. The respondents typically do not differentiate between education and rehabilitation programs, nor between education and enforcement programs. Thus, if a post commander initiated an enforcement program or established a Halfway House, these actions might be viewed by the respondents as support for the education program.

Finally data from interviews with the ADCO or the ADEP Administrator and members of the ADEP Staff were used to obtain another perspective on Command support. An examination of these responses in conjunction with other data displayed in Table 2 indicates that Post 4 stands out in terms of "active Command support." Other posts which might be classified as having "medium Command support" includes 6, 7, 8, and, to some extent, 13, where the program is oriented toward enforcement and harassment. The remaining posts appear to have relatively little Command support.

Alcohol and drug education is a "maintenance" function, not a primary mission of the U.S. Army. This fact is paramount in evaluating Command support for education programs. The fact that ADE is relegated to a service function is reflected in the reporting relationships which have been established for the programs. An examination of Program Attributes in Table 3 reveals that the ADCO reports to the CG at none of the 13 posts, and to the Chief of Staff at only one. Typically, those responsible for the ADEP report through the ADCO to a staff function, the Deputy Chief of Staff for Personnel and Community Affairs. Thus, ADEP is usually at least two levels removed from the CG

To summarize, we found that, while Command support for the ADEP varied from post to post, it was typically at a level barely adequate to fulfill the directives of higher authority. This, and the related fact that unit commanders and higher command see alcohol and drug education as a maintenance function rather than one directly related to their primary missions, means that ADE receives low priority and low emphasis, compared with many other activities at a post.

C. CHARACTERISTICS OF ALCOHOL AND DRUG EDUCATION PROGRAMS

Table 3 summarizes data on total budget and total staff for the programs at each of the posts. The budget data are remarkably consistent: with the exception of the $259,000 shown for Post 2, which includes funds primarily for rehabilitation, the amount typically allocated for education programs is less than $100,000 per year. At six of the eleven posts for which information was available, the actual amount is less than $50,000 per year, or between $1.75 and $7.00 per EM per year. This level of funding reflects the low priority placed on education programs, despite statements to the contrary by some CG's.

It is also noteworthy that, with one or two possible exceptions, the ADCO and his staff did not have available an annual budget for ADEP. They had to estimate it on the basis of separating education expenditures, staff allocations, etc., from others, to answer our questions. This implies that little thought is given to managing ADEP. (The issue of management is discussed in Section E below.)

TABLE 3
ANTECEDENTS – PROGRAM AND STAFF ATTRIBUTES

Attributes	POSTS 1	2	3	4	5	6	7	8	9	10	11	12	13
Program Attributes Year Started	April, 1972	October, 1971	July, 1972	September, 1971	October, 1970	January, 1971	–	August 1971	August 1971	April 1972	January, 1973		
Annual Budget (est.)	$26,000	$259,000 (includes rehab.)	Unknown to Program Administrator	$75,300	$41,300	$75,300	$42,000	$36,000	$20,100	$70,000			
Reports To	Chief of Staff	DPCA	DPCA	DPCA	DPCA	DPCA	Deputy Chief of Staff	DPCA	DPCA	DPCA	Community Leader	Community Leader	Community Leader
Attributes DCO/Prog. Admin. Civil Experience	None	None	Clinical Psychologist	Youth Coordinator, Summer Camp Counselor	None	Scoutmaster, Summer Camp Counselor	School Teach. (Creative Art), Comm. on Alt. To Drugs – Counseling & Speaking	None	None	None	None	X Army DPCA	Community Leader
Civil Training	Courses in Physiology & Pharmacology	M.S. Educ. Working on M.S. in Guidance & Counseling	Ph.D. Psychology, Family Coun., Working on M.S. Degree in Counseling	Theology, Counseling, Working on M.S. Degree in Counseling	Association with Alcoholics Anonymous	Political Science Major	B.A., M.A. English	None	None	None	None	None	None
Mil. Experience	None	Four Company Commands & Two Detach. Commands	Psych. Technician	Chaplain	None	OCS School, E.O. Agency Commander, Chief of Counseling at Rehab. Center	None	None	None	None	None	None	None
Mil. Training	Drug Abuse Seminar	Army Drug Educ. Work-shop, CONARC Workshop, Officer Basic & Adv. Course	None	NIMH Prog., Army Inst., Several University Workshops	NIMH Course, Army Inst. Two Symposia at S.F. Medical Center	NIMH Center, Two Symposia at S.F. Medical Center	Esalen, N.T.L.	None	None	Corps Workshop Ass't. Workshops	None		
Education Staff Civil Experience	Ex-Alcoholic	Ex-Alcoholic	Ex-Drug User	Counselor for Underprivileged Children	Recovered Alcoholic	None	None	None	Child Welfare Unit, Drug/ Alcoholic Abuse Program	None	Worked in Mental Hosp. Social Worker, OEO		1 Wk. Course on Alcoholism
Civil Training	Psychology R.A. Psych.	None	None	B.S. Degree Secondary	Social Studies Courses	None	None	None	B.S. Sociology, M.S. Social Work	None	None		1 Wk. Course on Alcoholism
Mil. Experience	None	None	Vietnam R.F.	Whated a B.F.	None	None	None	None	OCS Training	Working with Inpatients			Ass't Aviation
Mil. Training	None	None	Drug Program	None	Yale Prog.	None	None	None	None	Licensed Practical Nurse, BIA School			U.C.L.A. Course, Drug College
(Number of Teachers) Full Time	One	Two	Three	Three	One	Three	Five	Four	None	None			None
Part-Time	Two	Twenty	Eight (ten Vocation & Set Teachers)	Six (five part-time)	Four (Opp. Center & Set from Halfway House)	None	Five	Four	Two	Four			Seven
Motivation/ Competence	Medium/ Fair	High Motiv./ Medium Com., frustrated	Good/ Good	High Motiv. & Good Competence	None	High Motiv./ Good Compet.	Motiv & Confid. Average	Motiv/ Confid. Average	Good/Good, Average Compet.	Low/Low	High Motiv./ Av. Compt		Good/Good, Very Frustrated

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Correlated with these limited budgets is the paucity of teachers. Typically, programs have few full-time teachers and not many more part-time teachers; these last devote most of their efforts to rehabilitation or administrative functions, such as urinalysis sampling and maintaining records on those who have been identified as "positives." When not involved in urinalysis sampling, some administrators and part-time teachers prepare briefing charts for the ADCO or for the Deputy for Personnel and Community Affairs. Not only is ADEP hampered by small staffs and budgets, but also its limited resources are sometimes spent on activities other than education.

In summary, the resources devoted to ADEP are sparse. They guarantee that ADEP efforts will be limited.

D. EXPERIENCE AND TRAINING OF THE ADCO/PROGRAM ADMINISTRATORS AND EDUCATION STAFF

With the exception of three individuals, few of the program administrators at the posts we visited have either the experience or the training we believe necessary for properly discharging their present responsibilities. This fact is apparent in Table 3. While some program administrators have attended courses and workshops on drug abuse, such as those offered at Yale and elsewhere by the National Institute of Mental Health, we consider that two-week seminars are hardly sufficient to qualify them for their challenging assignments.

Examining the work experience and training of the education staff across the 13 posts also reveals that only a minority are qualified in those terms to discharge their responsibilities. This finding is not unexpected, in view of the limited ADEP budget. Unless sufficient funds are allocated to recruit trained personnel, the program has no recourse but to draw upon volunteers who, according to many post commanders, "come out of our own hide." Nevertheless, many of these volunteers have attempted to learn as much as they can about alcohol and drugs, and this fact, coupled with their own personal experiences with these problems,[1] has given them some competence in the subject areas that they teach.

In general, none of the posts displayed any outstandingly different characteristics of program organization and staffing.[2] The most striking finding lies not in the variation among posts but, rather, in their strong similarity.

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1. Particularly with alcoholism; as in civilian alcohol education programs, many teachers are recovered alcoholics.
2. These posts do not include the islands of innovation we observed, because the full range of data was not gathered there.

E. OBJECTIVES AND MANAGEMENT OF ALCOHOL AND DRUG EDUCATION PROGRAMS

1. Introduction

If the objectives of an ADEP (or of any program) have been realistically de-
fined, they can be extremely useful to the program manager, both for allocation
of resources to various program elements and for providing a basis or yardstick
against which effects can be measured and evaluated. We have summarized, in this
section of the report, the objectives of ADEP at the different posts as perceived
by:

- The ADCO/program administrator.
- Members of each post's ADEP staff.
- The post commander or deputy post commander, and
- Commanders and senior NCO's at the company level.

An examination of the different sets of objectives for each post leads to sev-
eral important observations about both the orientation and congruence of each
program's goals. Furthermore, significant differences exist among ADEP objec-
tives in their potential for translation into action and in the feasibility of mea-
suring and evaluating the "effects" directly attributable to that action.

The attainment of program objectives is dependent upon how realistic they
are, what resources are available for their achievement, and how these resources
are allocated to the various means available for their attainment. Since the means
for achieving some of the goals of ADEP's are not well known, one would expect
that a fraction of the available resources would be dedicated to identifying those
paths which show greater promise of goal attainment. Both the allocation of re-
sources to program elements as well as the measurement and evaluation of their
effects in terms of achieving overall program objectives are essential aspects of
ADEP management. Thus the objectives and management of alcohol and drug
education programs are considered jointly in this section.

2. An Examination of ADEP Objectives

The objectives of Alcohol and Drug Education Programs at 13 posts are sum-
marized in the data matrix of Table 4. The statements which are displayed reflect
the views of people who occupy different levels in the command hierarchy and
who are involved to varying degrees in the post ADEP. In reviewing these objec-
tives, we have focused attention on the following questions:

- *Orientation* – Are the various programs concerned primarily with the EM or with the LS? In terms of focus, do the goals address behavior, attitudes, or the dissemination of information?

- *Congruence* – To what extent do people in the four categories (ADCO/program administrator, ADEP staff, post commander or deputy post commander, and company leadership) at a post agree on the program objectives? How do program objectives compare from one post to another?

- *Feasibility* -- What is the potential for translating objectives into action, and what is the feasibility of measuring and evaluating the consequences of that action?

3. Orientation of Objectives

a. Changing Behavior

The program objectives identified at the 13 posts can be classified according to their orientation. Some program goals deal with changing behavior, others are concerned with changing attitudes, and still others emphasize the transmission of information. With regard to the objectives concerned with changing behavior, the following are identified:[3]

- Stimulation of self-referral via the exemption program;

- More intelligent use of drugs;

- Stop the use of drugs;

- Prevent the use of drugs among those who have not used them;

- Rehabilitate;

- Use drugs in moderation;

- Help enlisted men handle boredom and pressures associated with Army life;

- Help soldiers perform the mission; help people control alcohol and drugs rather than be under their control;

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3. The order in which the statements are presented has no particular significance, e.g., it does not reflect the frequency with which each objective was mentioned.

- Safe drug use;

- Generate peer pressure among non-users to put pressure on users;

- Help unit leaders recognize those with problems;

- Help the unit leaders to deal with the problems;

- Help unit leaders identify people who use drugs to arrest them or discharge them from the Army;

- Return users to useful, active service.

While most of these goals are concerned with affecting the behavior of EM, some address the roles of, and actions available to, the LS. In general, it appears that the objectives of most ADEP's are to stop, prevent, or at least diminish drug use among EM while stimulating the LS to identify those with "problems" or those "using drugs."

Some of those interviewed identified "rehabilitation" as an objective of ADEP. This reflects, in our estimation, the confusion and misunderstanding which surrounds some of the education programs. To the extent that rehabilitation is directed at known drug users and education is directed at everyone, education is not rehabilitation.

b. Changing Attitudes

A second set of objectives identified through the field research was concerned with changing attitudes. Specifically, the following statements reflect some of these goals:

- Bring about a realization of where drugs "fit in" in life;

- Create more realistic expectations of the effects of drug use;

- Create awareness about alcohol and drugs;

- Help EM to understand the post commanders' and company commanders' positions;

- Close the gap between the command structure and the EM;

- Develop a drug-resistant environment;

- Convince unit leaders that because of their position, they affect drug use either positively or negatively;

- Eliminate the myth that there is nothing to do (no alternative activities which are fun);

- Explore "value clarification."

With the exception of one or two, these program objectives address attitude change among EM rather than among members of the LS.

Another important aspect of the above set of statements is that some assume a behavioral change as a result of the desired attitude change. For example, "convince unit leaders that because of their position, they affect drug use either positively or negatively" assumes that once attitudes among unit leaders have been changed, they will behave differently toward their men. In contrast, statements such as "create awareness" have no specific behavioral implications.

c. Transmitting Information

Finally, a third set of objectives consists of statements which reflect a desire to convey information to the target audience. The following "information-oriented" objectives were identified:

- Have people know the regulations about drugs;

- Know how to get help;

- Describe bad effects;

- Show effects;

- Offer alternatives to use;

- Tell people to make up their own minds;

- Tell pros and cons of alcohol and drug use;

- Discuss why there is drug abuse and how EM can grow personally;

- Present facts to allow for decision making at the individual level;

- Keep the post commander aware of the program; that is, provide him with statistics as to how many people have received ADE;

- Inform EM about options and alternatives;

- Provide unit leaders with relevant information about drugs; and

- Educate the audience not only about drugs, but also about the social and personal problems which lead to drug abuse.

These statements can be classified into two categories. First, some of the objectives such as "describe bad effects" and "tell pros and cons," while concerned with providing information, are focused on the behavior of the ADEP staff. In other words, these statements are concerned with "giving" information and this, of course, is under the direct control of the people associated with ADEP.

The other category of these goals is reflected in statements such as: "know how to get help" and "know the regulations about drugs." These are concerned with the *possession* of information by the target audience, as distinguished from its *dissemination* by the ADEP staff. Objectives which address the possession of information are thus different from those concerned with providing it. (Someone could attend a lecture on Army drug regulations and yet not know them at the conclusion of the session.)

Among the statements made by the various personnel interviewed during the course of this study are two which do not fall into one of the three categories of "behavior," "attitude change," and "information." These statements are the following:

- A program worthy of emulation by other posts;

- A program which satisfies both the Post and the Department of the Army requirements.

The first objective was mentioned at only one post, but the second was heard at least at two posts. While compliance with Department of the Army Circular 600-85 may be an objective of many alcohol and drug education programs, this goal was not explicitly stated at the majority of the posts visited. We believe that our respondents took compliance with 600-85 so much for granted that they did not mention it as an objective.

4. Specificity and Congruence of ADEP Objectives

The stated objectives of alcohol and drug education programs vary considerably in both specificity and congruence, not only across posts but also as reported by different people at a particular post. Some of the statements (such as "stop usage" or "turn self in via exemption program") are quite specific, while others (such as "create awareness") are rather diffuse. The means available for attempting to stop drug use are quite varied, but the intent of any action is clearly spelled out.

In contrast, if an education program hopes to "create awareness" among enlisted men, the objective itself is unclear. "Awareness" may refer to any number of issues associated with the use of alcohol and drugs – the physiological effects, the hazards of an overdose, the consequences of arrest and conviction on career aspirations, dangers of hepatitis, and many other factors. If there is a behavioral implication, such as that awareness leads to more intelligent use or reduces drug use, it is not apparent from the objective as stated.

With respect to congruence, the following are some examples of conclusions based on an examination of the Program Modifications data matrix (Table 4). At Post 1, the ADEP program administrator reports that "the more intelligent use of drugs" is one of the objectives of education. In contrast, members of the leadership structure at the company level report that "stop usage" is among the program objectives. Similarly, at Post 7, members of the ADEP staff feel that "identifying people who use drugs to bust them or kick them out of the Army" is the major program objective, while the majority of the leadership reported that "describing bad effects" is its primary purpose.

Differences in objectives were found not only among different people at a particular post but also among people at a particular level at different posts. For example, the ADEP staff at Post 2 identified "offering alternatives to use" and the employment of scare tactics to "stop use" as the primary program objectives; in contrast, the staff at Post 13 mentioned teaching "safe drug use since it does not appear that use can be stopped as one of its program goals.

Despite these inconsistencies, the majority of Post Commanders agree on one objective – "stop drug use." Congruence in ADEP goals at this level may reflect a shared command concern with the drug problem and a hope for its resolution.

Another important observation concerning the objectives of alcohol and drug education programs is that some of the statements reflect ultimate goals while others appear to be intermediate goals for achieving the ultimate. For example, the ultimate goals of an alcohol and drug education program may be the elimination of drug use among users and the prevention of use among previous

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non-users. These, in fact, are two goals stated by the program administrator at Post 2. Members of the program staff at this post identify "offer alternatives to use" and "scare" as education goals. What appears to be implicit in these intermediate goals is that their achievement will in some way be instrumental in attaining the ultimate goal – stopping and preventing drug use. If these goals are indeed a means to an end, an assumption has been made concerning their efficacy for achieving the ultimate objective.

The fact that this assumption has been made by many people associated with ADEP is, in our estimation, an important finding. Since relatively little effort and resources have been devoted to researching the merits of pursuing some of these intermediate goals at the various posts, it is extremely difficult for those associated with the programs to evaluate the impact of their education efforts. It is conceivable, for instance, that a program has been successful in "scaring" an individual but has done little to curb his use. It is possible that some programs are reasonably successful at presenting facts about alcohol and drugs to their audiences and are consequently accomplishing an intermediate goal, but their efforts may contribute little to the ultimate goal of "stopping and preventing the use of drugs." This is why it is important to measure and evaluate the effects of various program elements with respect to the different objectives which have been formulated.

5. The Potential for Translating Goals Into Actions

Objectives vary in the degree to which they can be operationalized: the potential for translating them into action programs designed to achieve effects congruent with the objectives depends upon the operational clarity of the objective, and the resources available, as well as the degree of control that one has over actions or events that bring about results in line with the objective.

With respect to the three categories of objectives identified in subsection 3 above, the following observations appear to be valid:

- Objectives related to the *dissemination of information* are probably easiest to achieve, although the sub-set concerned with *giving* information is easier to realize than that concerned with *receiving* or *possessing* information. Measuring and evaluating the effectiveness of programs designed to achieve these goals are relatively simple tasks; some metrics are readily available (number of people exposed to a lecture or movie, number of people able to answer questions correctly after a lecture or movie, etc.).

- Objectives concerned with *changing attitudes* are more difficult to translate into action by the ADEP staff. The measurement and evaluation of any effects attributable to that action are also more difficult than in the case of disseminating information. A change in cognition is but one element of attitude change.

- Objectives aimed at *changing behavior* are typically the most difficult to achieve and translate into effective action by the ADEP staff. Many assumptions appear to have been made among those associated with ADEP concerning the efficacy of attaining intermediate goals as a step toward such ultimate goals as "eliminating and preventing the use of drugs."

Despite the difficulty of measuring program effects, it is nevertheless an integral process of *managing* the education effort. Because of its importance, the dimensions of program management must be considered in this report.

6. Managing Alcohol and Drug Education Programs

An important distinction exists between managing and administering a program. The latter has a custodial connotation, while the former reflects a concern with defining and redirecting the elements of a program to achieve objectives within some set of constraints. Although administration in most organizations is a necessary element of management, it is but one aspect of the process necessary for achieving objectives. Thus, while the role of administration may be to assure the continuity of existing program elements, the role of management is the periodic reallocation of available resources to those program elements which best serve the objectives.

The direction of ADEP at many posts really consists of administration. The limited financial and personnel resources allocated to these programs minimize any opportunity to evaluate the effects of the various elements of a post's program. These effects are so difficult to measure and evaluate that considerable time and effort would have to be devoted to internal research projects to provide adequate feedback to the program manager. In addition to the high cost of such internal research, funds must be available to those associated with ADE to modify existing programs. Without adequate funding, new material cannot be developed, nor can new teaching techniques such as "small group work" be employed.

Data on the frequency and extent of ADEP modification are presented in Part II of Table 4. An examination of these statements reveals that modification of programs, where it does occur, is attributable to the following:

- Obtaining new information from external sources such as reading new material, attending seminars, etc., as well as from observing changes in drug use among the off-post community;

- Instructors' perceptions of needs for presenting new materials as problem areas appear.

Many of those interviewed reported that the program changes rarely or slowly, and that this "depends upon the staff's perception of post needs; however, we have no way to monitor the needs." Some program changes dealt more with the appearance of instructors, as reflected in such statements as "cut your hair" (Post 8) and "button your coat" (Post 11).

Since little substantive feedback is available, it is understandable that those associated with ADEP make changes to adapt to requirements relating to process, such as those pertaining to the personal appearance of instructors. This is not to minimize the importance of such feedback; if higher authority or the audience objects to the instructor's appearance, his credibility is probably compromised. Lacking the resources for evaluating the effects of media and message, program directors must at least minimize superficial factors that may impede the education effort.

Finally, the fact that ADE programs serve a maintenance function and do not constitute the Army's primary mission has some bearing on the importance of the program administrator's position. Given the difficulties of measuring the ultimate results and the necessity to measure intermediate results (such as the number of people exposed to the education) coupled with limited financial and personnel support, the program director finds himself, almost by necessity, in an administrative or custodial position rather than in a management role. With the high likelihood of not achieving the ultimate goal of eliminating or preventing drug use, he may find it more appropriate and rewarding to achieve those intermediate goals which are more readily attainable.

7. Summary of ADEP Objectives and Management Orientation

An examination of the stated goals of Alcohol and Drug Education Programs reveals the following:

- Considerable diversity among objectives;

- Little agreement, either among people at a particular post or among people at different posts, on objectives;

- A concentration on and preoccupation with process;

- A responsiveness to direction from higher authority that a program be in operation;

- No clear operational objectives – just a requirement to do something.

These findings are coupled with the observations that:

- Local feedback is typically unavailable on program effectiveness in achieving objectives;

- Limited financial resources constrain program functioning, contrary to the emphasis of DA Circular 600-85 on unconventional (but costly) techniques such as small group discussions.

- The available resources are committed on a piecemeal basis.

The above findings indicate two important needs of Alcohol and Drug Education Programs:

- A need for a study such as this one to relate process to product and to show whether there is any effect at all (we found none);

- A need for management rather than administration of the programs if realistic objectives are to be set and attained.

Cross-sectional studies of ADEP provide an opportunity for evaluating the effectiveness of different approaches under different conditions. It is essential that a feedback mechanism be available to identify the processes that appear most effective in achieving desired results.

While necessary, cross-sectional studies are not sufficient to assure effective programs; local feedback must be available to the program manager if he is to allocate resources to the more effective process elements. This is an area where considerable improvement is possible. At the present time, not only are total resources for ADEP limited, but also the funds which are available are allocated ineffectively. For example, rather than pursuing multiple education approaches with insufficient funds allocated to each, and little, if any, to evaluation, a more focused approach might be employed. Similarly, rather than attempting to expose all EM on the post to at least one two-hour block of instruction, an education program might consider reaching fewer people more frequently and for longer periods of time.

In a military context, piecemeal commitment should be avoided when launching any offensive: units should be deployed in sufficient numbers to guarantee a high likelihood of success in any encounter with the enemy. We believe that a similar philosophy is applicable in the commitment of resources to Alcohol and Drug Education/Prevention Programs.

VII. THE PROGRAM ADDRESSED TO LOWER GRADE ENLISTED MEN

A. AUDIENCE CHARACTERISTICS

1. Demographic Patterns

In this chapter, we discuss the ADEP addressed to lower grade EM (E-5 and below). The relevant characteristics of the audience are traced out. We describe the programs at the posts we visited, and present their media, messages, and the sources used to reach their audience. We show the effects of ADEP on audience behavior, attitude, and knowledge of alcohol and drugs. The effects on behavior are examined with multivariate and bivariate analyses. Finally, we discuss the "innovative" programs at three posts.

The sample audience selected for this study embodied the demographic patterns one would expect for any group of young EM. (These results are presented in Table 7-38 of Appendix VII.) The sample was predominantly white, male, and under 25, came from a wide range of residential areas and had few men with either extremely high or low degrees of education.

The sample was comprised almost exclusively of men from pay grades E1-5 and was split evenly between combat and service troops. Although a vast majority were enlistees, only a minority had decided on the Army as a career, and most had been in the Army two years or less. About half of the men had been at their present post six months or less.

2. Alcohol and Drug Use History

With regard to marijuana, depressants, stimulants, hallucinogens, and narcotics, between a third and a half of the users sampled said that they had begun their use in the Army. This is *not* to say that the Army was generally responsible for EM's initiation of illegal drug use while they were in the service. Typically, young men happened to be in the Army at the age when they, like their civilian counterparts, began use. In contrast, almost all drinkers began while still civilians. A large majority of the men who ever started using heroin did so after entering military service, especially at Army posts overseas; however this figure may have been the result of attempts to keep known heroin users out of the Army to begin with. Marijuana use in the Army was apparently related to civilian use to the same degree uncovered by a 1971 study of drug use in all of the Armed Forces: approximately 70% of the present users reported prior use.[1] Heroin use in the

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1. Allan H. Fisher, Jr., *Preliminary Findings from the 1971 DOD Survey of Drug Use*, Human Resources Research Organization March 1972.

Army appeared to be less related to civilian use than was found in the earlier study;[2] this may have been due to the high incidence of heroin use among enlisted men in Vietnam, which was less likely to show up in a survey of the Armed Forces as a whole than in results gathered only from Army EM.

Blacks were more likely than whites to begin using heroin, both as civilians and as soldiers. However, larger proportions of races other than blacks began using alcohol, marijuana, and hallucinogens while still civilians, while blacks tended to begin in the Army in more cases than the other races for these three drugs.

3. Present Drug Use

Alcohol was the most used drug *in the two months preceding the survey,* followed by marijuana, stimulants, hallucinogens, depressants, narcotics other than heroin, heroin, and inhalants. (See Table 5.) Most users of alcohol and marijuana were regular users (drank or smoked marijuana once a week or more), while use of inhalants, hallucinogens and heroin was on a more infrequent basis. Users of stimulants, narcotics other than heroin, and depressants were about equally divided between regular and infrequent use patterns. Only 0.3% of the sample reported daily heroin use.

The number of drinkers and marijuana smokers was more stable than the number of users of other drugs, with equal amounts of negative and positive change among them. The use of all other drugs was decreasing, with significantly larger proportions of positive changes (decreased or stopped use) than negative changes (increased or start use) among respondents who were changing their use patterns. This was especially true of heroin, hallucinogens, and inhalants.

The younger men included fewer abstainers and more increasing users, while older men were generally decreasing use. This was true of all drugs including alcohol. This pattern also holds in the general population with respect to marijuana, but it does appear that young enlisted men are more likely than their peers to have used marijuana at some point. For non-alcoholic drugs there was some evidence of a counter-drug culture effect, which might mean that older men (26 and up) will not continue to have such positive use habits when the present group of younger men reaches that age.

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2. An exact statistical comparison was not possible, because of differences in the questions asked.

TABLE 5

PRESENT ALCOHOL AND DRUG USE
BASED ON HOW MANY TIMES IN LAST SIXTY DAYS EACH DRUG WAS USED
(Question X.4)[a]

	Alcohol	Marijuana	Heroin	Depressants	Stimulants	Narcotics	Hallucinogens	Inhalants
Never % (Zero use)	12	47	88	75	68	76	74	89
Light Use % (Less than weekly)	19	12	5	11	15	10	15	4
Weekly Use % (Weekly or more)	66	37	3	10	13	8	4	2
Blank	3	3	5	4	6	6	6	6
Proportion of Users Reporting Weekly Use %	77	76	38	48	46	44	21	30

a. See Drug and Alcohol Survey, Appendix III.

More use of marijuana, depressants, and stimulants (but not hallucinogens) was reported among subjects of the present study than by Army men who participated in the HUMRRO 1971 Department of Defense survey on drug use.[3] This difference was probably due to the higher proportion of higher grade EM (E6-9) in the earlier study. Among users of marijuana, depressants, stimulants, and hallucinogens there was evidence of heavier use than at the time of the earlier study.

The following differences were noted between different educational, residential, and racial groups:

- Drinkers had less than a high school education proportionally more often than any other level of schooling.

- Men with exactly high school education had the fewest marijuana users, while college men had the most steady users, and the lower levels of education had the most negative change.

- Men from rural areas tended to use marijuana and heroin the least.

- Users of stimulants came mostly from suburban areas. This group had the largest proportion of steady users and negative changes and had relatively few positive changes in stimulant use. Men from rural areas used stimulants least often but had a disproportionately large number of negative changes.

- Men with just a high school education had the smallest proportion of users of hallucinogens. Men with less than high school had negative changes most frequently.

- There were no significant differences in use patterns between races for any drug except narcotics other than heroin (significant at .05 level), where a larger proportion of black EM than of whites tended to be steady users—i.e., their use was neither increasing nor decreasing.

4. Reason for Alcohol and Drug Use

Respondents were asked to what extent the following factors made them want to use alcohol, marijuana, heroin and depressants:

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3. The HUMMRO study does not show data comparable to ours for alcohol, heroin, and narcotics other than heroin.

(a) Personal problems,

(b) The desire for kicks,

(c) Boredom,

(d) Desire to raise consciousness or elevate levels of awareness, and

(e) Personal experience with drugs.

These factors apparently had a definite effect on drug use. Men abstaining from alcohol and drugs were usually indifferent to these influences; those who were not indifferent to them and who saw them as reasons for using drugs tended to be users more often than non-users. Men who were not motivated by these influences were encountered relatively seldom in the user groups.

The above motivations figured prominently in determining use patterns. Men were tempted to try each drug for most reasons when they started or were increasing use. Steady users were relatively indifferent to these motivating factors.

When men went off non-addictive drugs, it was more often due. to their experience with those drugs than other factors. Men who went off heroin were more likely to be averted by their experience with the drug than by personal problems, the desire for kicks, and boredom, but not by. the level of consciousness this drug gave them. Those who had a positive change with respect to their use of depressants were about equally deterred by all five factors.

5. Desired Alcohol and Drug Education

The sample audience was asked what kinds of ADE it desired. Men most wanted to know more about:

- How to handle drug emergencies,
- Army rules on alcohol and drug use,
- Why people abuse alcohol and drugs,
- The effects of alcohol and drugs on the mind and body, and
- How much use is safe.

There was evidence that the men wanted more factual knowledge based on actual experience with drugs and an increased understanding of themselves through participation in rap sessions or contact with professional psychological counselors. As advisers on personal problems, including those related to drug-taking behavior, they prefer civilian counselors; few men felt that they could relate their problems comfortably to anyone within the chain of command.

B. PROCESS ELEMENTS OF THE ALCOHOL AND DRUG EDUCATION PROGRAMS

1. Introduction

This section describes how the ADEP was carried out. Descriptions of ADEP were obtained from various sources, including ADEP staff and program heads, unit commanders, NCO's and the EM. In addition, members of the field team had an opportunity to observe an ADE class at some of the posts which were visited. In this section, attention is focused on information obtained from the leadership structure at the unit level as well as from the field teams' observations of the various classes.

While company commanders and senior NCO's were not always familiar with the message presented or media used in a particular class, they typically did know who was responsible for teaching it. This is understandable, since (with the exception of "Commander's Call" or "Command Information") few, if any, unit commanders were present at ADEP classes given to the enlisted men. Thus, messages and media are examined from the enlisted men's perspective in a later section of this chapter. In this section, attention is directed to the education sources mentioned by members of the LS at the unit level.

Following this discussion of sources, some comparisons are made of the classes observed by field team members. Both the characteristics of the classes and the audience reaction are reviewed.

2. Sources of ADEP Mentioned by the Leadership Structure at the Unit Level

Table 6 displays the sources of ADEP mentioned by unit commanders and senior NCO's at 13 posts. At almost half of the posts, they report that the "most frequently used" source of ADE is the unit commander himself. At the remaining posts, he reportedly is either "frequently used" or "used" as a source of information.

While undoubtedly this result is biased due to self-reporting, company commanders apparently do devote some of their "Commanders' Time" to discussing alcohol and drugs with their men.

Another important finding shown in Table 6 is the frequent use of the ADEP staff as a source at seven of the posts it is "most frequently used" at Posts 5, 6, 8, 10, and 12, and "frequently used" at Posts 2 and 11.

TABLE 6

PROCESS ELEMENTS – SOURCES MENTIONED BY LEADERSHIP STRUCTURE

SOURCES	Posts Using Sources Most Frequently[a]	POSTS 1	2	3	4	5	6	7	8	9	10	11	12	13
CO	2, 5, 13	U	MFU	FU	MFU	FU	FU	FU	U	MFU	MFU	MFU	FU	MFU
NCO	6	U	U	U	U	SU	FU	U	U	U	SU		SU	SU
GES	1	MFU		MFU			SU		FU		FU		U	SU
EX ALCH														
EX DRUG														
ADCO	6		SU	U	SU		U	U		U	MFU			U
ADCO STAFF	5		FU		U	MFU	MFU		MFU			FU	MFU	SU
CHAPLAIN			SU									SU		
EX OFF.	4				U	SU								
PLT LDR	7, 9	SU						MFU		FU				SU
1SGT	13			U		SU	SU			SU	SU	SU	SU	SU
DOCTOR	13										U	U		SU
P.M.	4		U		FU							SU		SU
VISITING EXPERT	4		SU		SU				U			SU		

MFU — Most Frequently Used
FU — Frequently Used
U — Used
SU — Seldom Used
NM — No Mention

a Mentioned by at least 25% of respondents

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According to unit commanders and senior NCO's, some posts (such as 1, 3, 8, and 10) rely extensively on the DES as a source of ADE for the enlisted men. In contrast, none of the company commanders and senior NCO's reported "ex-alcoholics" or "ex-drug users" as sources. Similarly, "doctors" and "visiting experts" are seldom used by the posts at which they were mentioned. Unit commanders and senior NCO's identified the chaplain as a source at Posts 2 and 13; in both cases, however, he was "seldom used" in the education process.

3. Observation of ADEP Classes

ADEP classes were observed at the 9 posts identified in Table 7. Two of these classes were part of the DES training program and are not considered in this section, which relates to the target audience of lower grade EM. Of the remaining seven classes, four were oriented toward the LS while three were directed at EM.

The three classes given to EM were quite large. At Post 5, the class was split into small groups, with seven instructors available to lead discussions after a lecture and film presentation. The small groups appeared effective as a mechanism for stimulating discussi and interest. In general, the smaller classes permitted greater interaction among attendees as well as with the instructor. Unfortunately, the Army's apparent emphasis on processing many people through an education program militates against smaller classes, given the personnel resources of the ADEP.

What is significant about the classes which were observed is their similarity, rather than their differences. The Army has been remarkably effective in institutionalizing the education process, thus making any differences in programs the exception rather than the rule. None of the classes which were observed had any obvious impact on people's attitudes. After entering the classroom, some attendees would appear to listen, others would sleep, and a few might ask questions; at the end of the class, they would leave, either to resume their duties or to attend the next block of instruction on their schedule.

4. Program Functioning, as Described by EM

Sixty-two percent of the sample said that they were exposed to the ADEP at their posts, although inconsistencies in the EM's questionnaires may have deflated this figure. There were major variations in exposure between posts, ranging from 81% down to 19%.

TABLE 7

PROCESS — OBSERVATION OF ADEP CLASSES

POSTS*

Class Conduct and Characteristics	2	4	5	6	7	8	9	12	13
Size	30	30-100	30-100	100	15	50	15-30	125-150	15-30
Composition	W1 W2	E6-E9 2LT-MAJ	E1-E5	E-1	E1-E9	E1-E5	E6-E9	E6-Officer	E1-E5
Media	Lecture Discussion	Lecture, Skits, Plays,	Discussion Small Group Lecture, Films/Slides	Lecture and Transcendental Meditation	2 Lt-Capt Discussion	Discussion	Discussion	Lecture	Lecture Role play
Source	2 Instructors ADCO Psyc.	3 ADCO, Instructors Chaplain, Former Drug User	Seven Instructors	ADCO Staff, very enthus.	ADCO staff, very enthus.	3 ADCO staff	2 staff MIL CIV High enthu.	3 instructors 2 MIL 1 CIV	Counselor very enthusiastic
Message	Role of leadership, Drugs are just another problem	Understand self, Make own mind, Alternatives, Where to help	Facts, consequences, Understand Self, Help	Facts, Alternatives, Where to get help	Understand Self, How to Communicate	Understand Self, Alternative	Conseq, Understand, Where to get help	Facts, Conseq, Understand	How to counsel, Imp. of listening
Orientation of Class	Leadership	Leadership	EM	EM's	OES	EM	Leadership	Leadership	OES
Audience Reaction									
Involvement/ Participation	Limited	High participation	Some Q's via small groups	Asked Questions of Instructor	2-way info very interested	Mixed	Interested, Antagonistic Rejected Information,	Little info. exchange	2-way exchange. Interested, but not enthusiastic
Atmosphere	Formal	Informal	Informal	Informal	Informal	Informal	Informal	Formal, Antagonistic, Forced to Attend	Informal

*Information not available for Post 1, 3, 10 and 11

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Classes, books, movies, discussions, and plays, in that order, were the most frequent *methods* of presenting ADE reported. Chain-of-command *sources* (CO, NCO) were encountered slightly more often by EM, than were professional sources (Chaplain, DES, doctor, psychologist, psychiatrist, or social worker) or MP's.

Messages which encouraged men to get off drugs, either by offering threats of punishment or imperative statements or by offering help in getting off, were the ones that were reported most often. All other messages relating mostly to the safe or reasoned use of drugs, were reported less often. In general, the messages reported seemed to depend less on the efforts of ADEP personnel than on the selective attention of the men in hearing messages that were congruent with their drug use patterns.

Most EM did not know whether they had a DES in their unit or not, although in most cases the LS said that there was one. This ignorance was attributable to a combination of factors, including the newness and inactivity of most DES's or their lack of motivation. The perception of the DES as an informer may have reduced his effectiveness.

ADEP was a fairly credible program on the whole, with two-thirds of those exposed to it stating that they had believed major portions of it. What men experienced in discussions contributed more to the overall credibility of ADEP than any other medium.

C. PRODUCT

1. Interactions Between Product and Audience Characteristics: Multivariate Analyses

The interactions between different audience characteristics, different processes of ADEP, and changes in behavior were examined by use of a computer program called AID (Automatic Interaction Detection). AID automatically sifted through a variety of factors relating to the characteristics of the ADEP attendees (age, education, length of service, etc.) and the processes they were exposed to (media, sources, messages, etc.) and found which of these elements were related to changes in the use of each type of drug.

We particularly examined behavior *at the margin* (i.e., *changes* in behavior), on the grounds that ADE was expected either to *prevent* beginning of alcohol or drug use by previous non-users, to *prevent* increases in use by previous users, or to *reduce* the frequency of use by previous users.

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AID was run in two different ways. One set of runs tested the effect of a hypothetical ADEP, aimed at *users only*, on preventing increases in use. The other set tested the effect of an ADEP aimed at *all men* in preventing either increases or starts in alcohol and drug use.

These runs resulted in tree-like diagrams which traced the influences acting on groups of men with especially high or low proportions of individuals who underwent negative changes in usage (increases or starts). These diagrams a presented in Appendix VII, along with verbal descriptions of their results and a guide to their interpretation. The most important results are summarized below.

(a) Overall, age and the length of time at a post are the main determinants of drug-using behavior changes.

(b) Older men almost universally underwent less negative change than younger men, with the turning point coming somewhere between 21 and 23 years of age. Maturity thus may have played a significant role in preventing negative changes in use of alcohol, depressants, and hallucinogens and a lesser role in narcotics and stimulant use. The dangers of heroin use may have kept younger men from using this drug as frequently as the others. Age also was a subordinate influence on marijuana use, possibly outweighed by the effect of some sort of sub-cultural phenomenon that cut across all ages and backgrounds.

(c) In the case of every non-alcoholic drug, men who had been at their present post more than six months were more likely to have undergone a negative change than those who had been at their post less than six months. We speculate that as men became bogged down in the monotony of their daily tasks at a given post and absorbed into a sub-culture of similar men, they turned to drugs as an outlet. In the cases of stimulants and marijuana, such men were especially likely to have a negative change if they had no intention of making the Army a career. Thus, a lack of goal-oriented life situation and some factor related to dealing with the lack of variation in that situation may have been a particularly potent combination in influencing negative changes in usage of these drugs.

(d) The fewer increases or starts typically noted in the first six months at a post may have been partly, but not entirely, due to a shorter time base for reporting changes in drug use. It was not due to any difficulty a new man might have in obtaining drugs; we heard that transfers were often contacted by a dealer within their first 24 hours at a post.

(e) Education and the population density of the last civilian residence predicted a number of differences in drug-using behavior, but these were not consistent. College-educated men often showed up in groups with relatively few negative changes, as did men from cities and large towns.

(f) *The various aspects of ADEP generally had no positive effects* There were even scattered instances of more negative changes in the groups exposed to certain media and messages than in groups not exposed. For messages and knowledge contents these results appeared to reflect the selective attention of men undergoing negative changes. It did appear that discussions were helpful in preventing negative changes among certain groups with respect to hallucinogen use. Classes were also somewhat effective in preventing negative changes in depressant and heroin use. Post 6 contained groups with relatively little negative change with respect to alcohol and marijuana use, but this was probably because it is a basic training facility and provides little opportunity for alcohol and drug use. Post 4 showed significantly fewer negative changes in marijuana than other posts; this is probably due to a strong and coordinated program against marijuana use, including not only education but law enforcement (with marijuana dogs).

2. Changes in Behavior As Measured Through Bi-Variate and Tri-Variate Analyses

Relationships were sought between exposure to ADEP and changes in alcohol- and drug-using behavior by two- and three-dimensional analyses.[4] These analyses were performed at three different levels of aggregation:

(a) Sample-wide, for individual men from all posts;

(b) By post, with special emphasis on one post that was visited before and after the initiation of a formal ADE program;

(c) At the unit level, focusing on three units from the above-mentioned post.

On the whole, exposure to ADEP was *not* found to be effective in discouraging negative changes (increases or starts) in drug use or in encouraging positive

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4. Multivariate analyses are discussed in the previous subsection.

changes (decreases or stops) or continued non-use at any level of aggregation. There were scattered instances of individual media and sources being related to positive changes; however, the media and sources that were most often related to changes (halfway houses, hot lines, professional sources) were about as often associated with negative changes as positive ones, owing to the tendency of drug users to self-select these media and sources for counseling on an individual basis.

The only evidence of a definite positive effect of ADEP was based on subjective reports on the influence of ADEP. This evidence was discounted in favor of results that directly related behavior changes to contacts with the various aspects of ADEP.

At one post that was visited both before and after the beginning of formal ADEP, the formal program proved no more successful in influencing favorable changes than the previously existing informal program conducted at the unit level.

An experiment was performed with three units at this one post to determine what effect different approaches (discussion-oriented vs. standard) and lengths of exposure might have had on changing alcohol and drug using behavior. Neither approach was found to be related to an increase in positive changes, although the standard approach, which included more hours of education, may have been a more important influence in encouraging positive changes in alcohol use than the discussion-oriented approach. Hours of education may have been a more important variable than type of approach used.

3. Changes in Attitude

The majority of lower grade EM indicated that ADEP had no effect on their desire to use various drugs. EM were more likely to indicate that ADEP had no effect, than to say that personal motivations (boredom, personal problems, etc.) had no influence on their desire to use drugs. Finally, there was evidence that many reports of ADEP influence toward non-use of drugs were in fact *post hoc* rationalizations of decline in drug use, probably due to other factors.

4. Changes in Knowledge

ADEP was generally an informative program. Sixty-four percent of those exposed said that they learned something from it. ADEP taught the effects of alcohol and drugs but did not teach men how to use drugs safely. Books, classes, discussions, movies, and plays all added to the knowledge of the men, as did chain-of-command and professional sources. Medium was a more important factor in the imparting of knowledge than source.

Knowledge did not have a strong relationship to change in alcohol- or drug-using behavior. Knowledge was probably acquired or not acquired in accordance with the already established use patterns of the individual.

5. Recent Research in the Evaluation of Drug Education Programs

It is instructive to compare our results with those of other recent studies. A survey of the literature relating to the evaluation of drug education programs reveals that this research is still very much in its infancy. There is no uniform notion of what criteria to use for assessment, nor even what to assess; that is, whether changes in behavior, attitudes, credibility, or knowledge are of ultimate concern. It is becoming clear that there will be a difference in impact among groups that are in different stages of adolescent development and which have different levels of use. Future research will have to determine the scope and meaning of these differences.

One study found that an intensive drug education program appeared to prevent further use among a quarter of the users sampled and discouraged use among half of those who intended to try drugs.[5] However, these results were from a population of junior high school students with low levels of drug use (i.e., in which no significant drug culture existed). Furthermore, the results were obtained through direct queries about the effectiveness of drug education, which were found to yield suspicious results in the present study. In general, *no conclusive evidence was found that drug education made significant inroads in drug use* in groups similar to lower grade EM in the Army.

6. Program Results — The Personal Equation

The most significant finding of the present study is that educational variables appear to have little impact on attitudes and drug use. The question remains whether any observed changes in attitudes or drug use behavior can be attributed to any elements of the Alcohol and Drug Control programs. One finding stands out, because it was observed at a post where the personnel associated with the control of drugs on the post possessed certain unique characteristics.

Analysis of data from the enlisted men's questionnaire shown in Appendix VII reveals that Post 4 has an unusually low level of increases in use of marijuana among a sub-group of previous users. While differences in *education* program elements among posts do not appear to explain this finding, our impression of Post 4, compared to the other posts may help explain this result.

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5. James Kline, "Evaluation of a Multimedia Drug Education Program," *Journal of Drug Education*, Vol. 2, No. 3, pp. 229-39.

In general, ADEP's represent just another support activity being performed at a post. More than at any other post, however, the Post 4 ADEP had the full support and commitment of the Commanding General (CG). He personally knew many of the people who were involved in the education program, and would periodically inquire about their progress. In addition, the Provost Marshal at Post 4 was a unique individual compared to others in his position at the other posts. He had an interest not only in enforcement, but also in educating people about the effects and dangers of drug use. He had been involved in the creation of a Halfway House and in establishing a drug lecture team as part of his Provost Marshal office.

Thus, there was interest in controlling drug abuse at different levels and in different organizational units at the post. The CG, the ADEP Administrator, and the Provost Marshal were interested in, and dedicated to addressing the drug problem. The CG provided support by letting it be known down the line that commanders are responsible for any drug abuse on post – emphasizing marijuana use among their men – and that they would be judged accordingly. While the Provost Marshal concerned himself with enforcement, he understood the need to assist people who were having difficulties with drugs. Thus, he worked closely with the ADEP Administrator in keeping him informed about who was in trouble. Similarly, the ADEP Administrator would provide information to the Provost Marshal's office about any uncovered drug activities, especially the sale of drugs. The uniqueness at this post lies in the fact that the CG, Provost Marshal, and Program Administrator worked *together* on the problem beyond the requirements of the formal role that each occupied.

The ADEP Administrator works with the Provost Marshal to show the leadership at the unit level how effective various enforcement techniques (e.g., the use of marijuana dogs) have become. The unit commanders can then present a fairly effective argument to the EM about the real danger of apprehension while possessing marijuana. Many unit commanders have asked the ADEP Administrator or the Provost Marshal to provide a demonstration of these marijuana dogs in action. Such demonstrations, coupled with random roadblocks on the post where dogs are used to inspect automobiles, have apparently been effective in reducing use of the drug.

While in fact there is little education at Post 4, the effort that does exist is coordinated and translated into action. The phrase "If you use drugs, we will bust you!" has some meaning, because the EM have been shown, through a coordinated program, the effectiveness of the marijuana dogs. Similarly, the unit commanders know that they are expected to deal with the drug problem.

Consequently, the "personal equation" assumes considerable importance in explaining the results at Post 4. The relative success cannot be attributed to any one individual, but to the fact that at least three individuals in different staff elements of the organization have coordinated their efforts to bring about change. Their coordination is not a result of their formal organizational roles alone, but can be attributed to the *informal* relationships which have developed among them.

We conclude from this that education alone cannot have significant impact on drug use; but that education, coupled and coordinated with other measures, can have significant impact. We do not know whether pressures exerted by the Post 4 Commanding General and Provost Marshal, without education, would have accomplished the same results in depressing the use of marijuana.

D. ISLANDS OF INNOVATION

1. Introduction

We examined post programs which had been identified as innovative. Specifically, field teams were dispatched to Posts 6, 8, 14, and 18, which reportedly had different approaches to ADE. The outstanding features of these four programs are described and explored in the following discussions.

2. Program Features and Effects

Because the four posts in question represent "islands of innovation," it is essential that the program features which distinguish these posts from others included in this study be identified and described. While major differences in the degree of alcohol and drug abuse among enlisted men do not distinguish these islands of innovation, there are several immediate effects which appear attributable to some of these innovative programs. The major characteristics of the four programs as well as their effects are considered on a post-by-post basis.

- *Post 6* – The ADEP at Post 6 is innovative in its presentation of "transcendental meditation" as an alternative to drug use. The use of this approach reflects a trend away from pharmacology and scare tactics to an exploration of alternatives. In practice, enlisted men receive a two-hour block of instruction on drug abuse. One out of four instructors splits this up, with the first 30 minutes of the session devoted to a discussion of drug facts, Army regulations, and "where to get help." In the remaining 90 minutes, he explores "transcendental meditation" as an alternative to drugs.

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Members of the ADL field research team observed a drug education class conducted by a SP4 from the ADCO staff. The class was held in a standard 40 x 100-foot training room. Approximately 225 trainees were present (i.e., an entire training company).

The concept of "transcendental meditation" was described as a form of waking sleep, focusing on breathing rhythm. The instructor further described transcendental meditation (TM) as an alternative to drug use or abuse, stressing that TM could provide the means to self-awareness, reduction of personal and psychological tensions, and achievement of a self-induced "high."

A few questions were asked (amidst much amusement by some of the trainees) for further explanation. Then the instructor requested the audience to assume a sitting position, with muscles relaxed and eyes closed. He indicated the group would go on a "journey" with him. By his voice commands, almost hypnotic in tone, the instructor led the class on a journey for the next hour, asking the trainees to look inward on themselves, to relax, to imagine beautiful places and thoughts, etc.

After an hour, the instructor aroused the trainees from the meditation. Questions were again requested. Trainees who spoke made statements on how good the experience was, how relaxed they felt, and how nice it was to have an hour of silence. The instructor again stated that TM could be an alternative to drugs and hoped that the trainees would further explore the concept at their permanent post assignment.

What we observed was innovative, but it is *not* transcendental meditation. TM does claim to provide the means to self-awareness and reduction of personal tensions, and there is evidence that it does indeed do so. However, basic to the TM procedures (and not present in what we saw) are a one-to-one relationship between instructor and student, the use of a personal and secret *mantra* for each student, and a 20-minute period of meditation. TM also does *not* include some features of what we observed, such as the instructor taking an active part in leading the student to imagine beautiful places and thoughts, and rousing the student from meditation at the end of an appointed time period.

In addition to "TM," the Post 6 ADEP has been exploring several other alternatives, including:

- Arts and crafts exhibitions,
- Self-hypnosis,
- Religious services for addicts,
- Religious revivals and retreats.

No attempt has been made by members of the education staff to evaluate the effects of some of these new approaches. The instructors stated, however, that the EM appeared to be most interested in these programs than in those which employ lectures and film presentations. In addition, attendance at services, retreats, and revivals has apparently increased.

An analysis of the data from Post 6 reveals that it contains groups with "relatively little negative change with respect to alcohol and marijuana use." This finding, however, is probably attributable to the fact that Post 6 is a Basic Combat Training facility and consequently offers little opportunity for alcohol or drug use. There is no evidence to suggest that the limited use of "TM" in the ADEP has served to reduce the problem of alcohol abuse and drug use at the post.

- *Post 8* — The ADEP at Post 8 is innovative in its use of *values clarification* as a mechanism for addressing the problem of drug use. The only current formal program at this post is the one oriented toward EM. Until the education staff was increased in size during the past year, the EM received ADEP on an irregular basis. Since the summer of 1972, a schedule has been established whereby each unit will receive a one-to two-hour block of instruction every three months. Emphasis on pharmacology is declining, while greater time and effort are being devoted to the area of values clarification.

Members of the ADL field team observed a class in drug education conducted by four members of the ADEP staff. The class was two hours long and held in a regular training room. Approximately 100 EM were present.

One instructor introduced the teaching team and the scope and services of the post's education and rehabilitation program. Army regulations were covered, although quite briefly, since the audience were all Military Police and therefore familiar with the regulations.

The instructor then introduced the values clarification concept to the audience. It was described as a modified form of life planning, helping people to make difficult personal choices, starting with a systematic review of one's own personal values. The systematic review, according to the instructor, could occur in a number of ways: individual counseling, group discussions, and self-administered questionnaires. The instructor said the objective of values clarification was to help people deal with "real life" responsibilities through a clearer understanding of their own values.

Questions were requested from the audience at this point. Most were questions of redefinition of the concept, since the instructor had not made his points very clear. (The ADL team learned later that none of the instructors had formal training or experience in the values clarification method.) Most important, the instructor did not make clear the relationship between the concept, drug education, and drug use.

The students spent the last hour of the session filling out values clarification questionnaires and indicating their responses to certain questions (e.g., "How many people chose pursuit of happiness as most important?" Students became restless toward the end of the session, since the program lacked focus and direction.

Statements were made by the instructors that followup (in terms of additional questionnaires to be filled out) would occur – much to the displeasure of the students. Additional comments were made about continuation of the values clarification approach at the next drug class. This met with mixed reaction. About half the class expressed they had more drug education than they needed. The remainder expressed an interest, "Something good happened, that was worthwhile," etc. However, very few students were able to determine any relationship between drug education and values clarification, even at the end of the session. Thus, while the approach may be novel and interesting, its objectives have apparently not been adequately conveyed to the target audience.

With the exception of eliciting feedback on the level of interest and understanding of the values clarification process, the ADEP staff has not attempted to evaluate the effects of this approach on drug-use behavior. An analysis of the questionnaire data obtained during our visit to Post 8 reveals no differences in effects between this and other posts. Despite the lack of quantifiable effects, members of the field team believe that the values clarification

approach at Post 8 is exciting because it considers the whole person rather than focusing only on drug usage.

- *Post 14* – The ADEP at Post 14 differs from others in its orientation. Whereas the majority of programs are concerned with imparting information to EM, the Post 14 program attempts to educate the LS. While company commanders and senior NCO's are regarded as the primary clientele of the Post 14 program. recent attendees have included members of the higher levels of the command hierarchy. Several slots have been allocated in each class to civilian personnel who are affiliated with programs for depen-dents: teachers from the high school.

The program consists of a two-day class which covers a variety of drug-related topics. Topics range fiom a discussion of street pharmacology, to the role of commanders, to an opportunity to interact with a known drug addict. None of these elements is unique or novel in itself. What is significant in the Post 14 program is the enthusiasm of the staff, the professionalism with which the classes are conducted, and the length of time devoted to training.

The program director is a physician. He, as well as other members of the staff, have relevant experience and training which enhance their credibility in dealing with their audiences. In addition, the director has chosen to make the military his carper. He under-stands the importance of working within the Army structure and not alienating either his audiences or the Command.

The program at Post 14 has evolved from a solid foundation laid down by other reputedly competent professionals who are no longer associated with the Army. Much of the information used in the education program has been developed by these professionals as a result of the research studies which they have conducted and published. Thus, a basis for their credibility – a resource which the present staff appears to guard zealously – exists.

As at other isalnds of innovation, we did not detect any effect in terms of drug use behavior which could be attributed directly to the education program. However, the Post 14 program has, in our estimation, been of considerable assistance to the LS, particularly at the unit commander level. The program has assisted those commanders who have completed the course to better understand and personally cope with alcohol and drug problems in their units. This does not necessarily imply that they are more effective in

reducing the incidence of alcohol and drug abuse. Rather, commanders believe that they are better able to *communicate* with those who have problems, because the course provides them with insights into an enlisted man's perspective.

While the program is useful to unit commanders, some of its messages are recognized as conflicting with the various official pronouncements regarding drugs – especially marijuana and hashish. Those associated with the program firmly believe that higher levels of command must be exposed to the course so that policies can be formulated which are consistent with the latest research on the effects of alcohol and drugs.

Thus, our field work indicates that the Post 14 program has had an impact on the attitudes of company commanders. However, none of the information which has been compiled and analyzed reflects any unusual changes in alcohol and drug abuse among EM at this post.

- *Post 18* – The Post 18 program is unique in its extensive reliance on counselors. It is important to recognize, however that the counseling activities are not a part of the ADEP, but rather, belong to the rehabilitation program.

  Prior to our visit to Post 18, we had expected that counseling was available as a human preventive maintenance function – available to and used by *any* individuals who have personal problems. We learned, however, that the majority of clients have been referred as a result of an alcohol or drug-related problem. Consequently, the counselors are officially viewed, and in fact act, as alcohol and drug program counselors.

  In an attempt to deal with the stigma of "drug or alcohol" which apparently has been affixed to most counselors in the program, there is a proposal to house all counselors in the new Crisis Center which will be opening soon. This Center will focus on problems of military personnel and their dependents. It will hopefully not bear the stigma of drugs or alcohol which some counselors feel deters people with other problems from utilizing their services.

  It is significant that the counselors at Post 18 are primarily civilian and young (21-26) men and women with varied backgrounds and experiences. Many of them have been educated to the Bachelor's or Master's level in the fields of sociology, psychology, counseling,

and other areas dealing with human behavior. The fact that they are civilians and educated in relevant disciplines appears to make them more sought by and credible to the enlisted men. The counselors serve as an important non-military link for the troops at this post.

Aside from judgmental evaluations by the counselors, no data have been collected at the post to evaluate the effectiveness of the counseling program. The counselors, each of whom is directly responsible to the battalion command he serves, believe that they have been effective. This is corroborated by the majority of a small sample of their clients who were interviewed by the field team. While the client's problems had not necessarily been solved, they did indicate that the counselors prevented their problems from growing.

We did not collect data to establish whether Post 18 differs significantly from other posts in terms of effects such as decreased drug use which could be attributed to its counseling program.

3. Conclusions

In conclusion, our multivariate analysis of effects of ADEP and other variables on changes in alcohol and drug use shows no effects of the program at Posts 8 and 14 and did not examine Post 18. There were statistically significant effects of being stationed at Post 6 in terms of preventing increased use of alcohol and marijuana for groups consisting of previous users and the total sample. These effects appear to be independent of whether soldiers were exposed to any ADE and of whether they were exposed to "transcendental meditation." We attribute the effects not to the "transcendental meditation" but to other factors. These factors include a lack of time, opportunity, and access to alcohol and drugs as a result of being stationed at the only Basic Combat Training post which we visited.

VIII. THE PROGRAM ADDRESSED TO THE LEADERSHIP STRUCTURE

In this chapter, we discuss our findings about ADEP addressed to the leadership structure (LS). Three instruments were used to obtain these findings. Where the LS of units had not yet received ADE, they filled out the Alcohol, Drug, and Leadership Survey – which consisted of many questions about knowledge of and attitudes toward drug use and drug users, and some questions about behavior toward users – immediately or very shortly before and after they received ADE. We also interviewed leaders who had already received ADEP, using the Officer and Senior NCO Survey. Finally, we administered a mail questionnaire to graduates of the U.S. Army Alcohol and Drug Education Course (USAADEC) slightly more than a year after their graduation. This questionnaire asked about professional experience since graduation, attitudes toward USAADEC, use that graduates made of the USAADEC courses, and attitudes toward drug use and drug users.

A. ALCOHOL, DRUG, AND LEADERSHIP SURVEY

Appendix VIII.A describes the survey and its findings in detail. The following is a brief summary of Appendix VIII.A.

1. Purpose and Method

To assess the effect of ADEP on the LS, a survey instrument was filled in by individuals at three posts (designated Posts A, B, and C) *before* taking part in the program. At Post A, a group of those not taking part in the program also filled out the survey form. After participating in the program, *another* group in the same unit filled out the same form (except in Post A, where the *same* group – both experimentals and controls – filled out the same form after completion of the program). To measure the extent and direction of the change two sets of weights were developed and two scoring systems involving scales of questions dealing with the same subject, e.g., Tolerance of Drug Abusers, were set up.

The ADL weights reflected the changes that the ADL staff expected would take place. The Post weights reflected the expectations of change of each post's Alcohol and Drug Control Officer (ADCO). ADL weights were standard over all three posts. Post weights reflected each ADCO's knowledge of the particular subjects covered by his program. In almost all cases ADL and the ADCO agreed on the direction of expected change for each question; however, as would be expected, there were many questions whose answers each ADCO did not expect to change. ADL weights covered all questions. The change in score from pre- to post-program was then measured and tested for significance. In Post A, this change was also compared to change noted among leaders in a unit similar to the experimental unit, *not* participating in the program.

2. Objectives

All three program objectives include recognition of human problems which must be dealt with. They differ, however, in the emphasis on this aspect versus the emphasis on alcohol/drug problems. Post A objectives place heavy emphasis on human problems and interaction, only obliquely referring to drug/alcohol abuse. Post C's objectives, by contrast, stress drug/alcohol abuse, and mention of communications is secondary.

- *Post A* – The program has been developed to meet the overall objective of reducing problems (either inherent or induced) of a human or personal nature, which tend to produce inefficient operation, low morale, and antagonisms within a unit. As can be seen by the objectives, the philosophy behind the program is that alcohol and drug abuse are only symptoms of a person's problem; that treating the symptom is inadequate; and that only by treating the problem will alcohol/drug abuse be alleviated.

To meet this objective, the program seeks to provide officers and senior NCO's with increased understanding, skills, and experience to enable them to promote better human relations, to solve unit problems, and thereby increase morale and efficiency within their units. The program also offers advisory support to the LS in the manner of referrals, evaluation, and so on.

- *Post B* – The objectives of the program are: to acquaint the LS with counseling techniques and provide experience in dealing with situations; to inform leaders how to prevent drug abuse; and to show them how to deal with drug abusers. The philosophy behind the program is that physiological addiction is quickly eliminated (within a week), and that focus must therefore be on the psychological aspects of addiction – thus the problem-solving emphasis. Leaders, it is felt, play an important part in facilitating human development and need satisfaction.

- *Post C* – Program objectives are both attitudinal and behavioral. The overall objective is behavioral change: reduction in the use of both legal and illegal drugs. Means for producing this change are: increasing communications among officers, NCO's and EM; inducing the attitudes that users should be helped by education/rehabilitation rather than punished; and imparting knowledge about drug (including alcohol) use, and an understanding of why drugs are used. The stated program philosophy is that emphasis must be placed on changing attitudes and values – viewing users as human beings in need of help. A prime message is that drugs in any form are a bad thing, bolstered by messages of alternatives to drug use. Other messages are knowledge oriented (causes/effects of drug use, Army policy, etc.).

3. Processes

* *Post A* – The program is 17 hours long and covers such areas as: transactional analysis (the lengthiest segment), communications, problem-solving techniques, counseling, dealing with problem soldiers, referrals, race relations, drug abuse, and alcoholism.

The program is new (a few of its intended components – Dealing with Problem Soldiers, and Referrals – were not yet developed when we visited), is controversial, and had only been given to the LS of one battalion as a pilot program.

The intended messages of the program are:

* "An alcohol or drug problem can confront anybody." Alcoholism and drug abuse are not "two-headed monsters." The lectures present examples of how normal, everyday families can be subject to alcoholism or drug use.

* "The leadership must be sensitive to, and ready to deal with, alcohol and drug problems."

* "The ultimate role of leadership is developing the whole man."

* "The ADCO via the Halfway House and its counselors can provide a useful service in advising the leadership and providing assistance to alcoholics and drug users."

The modes of presentation are primarily impersonal – films, lectures, etc. – but there is much opportunity at each session for interaction and discussion, and there is ample evidence that such opportunity was used.

* *Post B* – The program consists of a 4- to 6-hour "seminar" on problem-solving, which covers the following areas: pharmacology, identification of drug users, legal aspects of drug abuse, counseling, hearing others, crisis counseling, referral, and prevention.

The program is presented at the battalion level for battalion staff, CO, XO, 1st SGT, Platoon Leader, PSG, Squad Leader, and so forth. All but one battalion on the post have participated in the program.

Intended messages de-emphasize pharmacology and "scare" themes, and instead stress reasons for drug abuse and alternatives for need fulfillment. These messages are presented primarily by lecture; however, opportunity for audience interaction and discussion is both given and taken.

● *Post C* – Eight hours of instruction encompass the following areas: familiarization with the drug/alcohol prevention/control program; drug pharmacology (effects of drugs) and changing attitudes and values toward drugs/alcohol; changing attitudes toward "helping" rather than "punishing"; and education/rehabilitation of drug users. The scope of each segment is not fixed, but flexible to accommodate the breadth and depth of knowledge and the attitudes of the participants. The program is still new and in the development stage, and somewhat controversial; its intended focus on human relations problems is being somewhat resisted by some personnel. Media used vary from film to lectures to rap sessions.

4. Results

● *Post A* – Few changes in attitudes can attributed to the program. We found improvements in drug knowledge and attitudes. There was a positive and significant (when compared with those *not* in the program) change in tolerance and understanding of drug users, and a positive change in knowledge (compared to those not in the program) about the causes and effects of drug use.

The program appeared to have an unintended *negative* aspect: those participating in the program significantly (when compared to those not in the program) decreased in confidence in their knowledge and skills (e.g., decreased confidence in detecting users/abusers, in level of information about drugs, in ability to cope with users/abusers) of how to handle alcohol and drug abuse problems. As will be seen in Section B, this is despite the fact that Post A respondents tended to *feel* more competent as a result of the program.

● *Post B* – Only one significant change was measured using the ADL weighting scheme; (the Post weighting scheme produced none), and it was *negative:* there was a significant *decrease* in perceiving alcohol/drug abuse as a serious problem in the unit and in the Army. Since we have no measure of attitude change of those *not* associated with the program, we cannot be sure that the change *is* due to the program. It is plausible, however, that the program, in stressing the "normality" of people who use and abuse drugs, may have an unintended side effect of allaying the fears of participants about the seriousness of the problem.

● *Post C* – Using ADL weights, no significant measurable change was detected on any scale. However, under the Post weighting scheme, knowledge increased significantly: respondents scored higher after the program than before on items asking about the causes and effects of drug use (e.g., the meaning of the terms "tolerance," "dependence," "addictive"; mental, physical, and physiological consequences of various drugs, etc.). Nine out of ten ADL scales changed in the desired direction.

5. Combined Results

No significant differences were found when scores from all three posts were combined. As will be noted later, this might be expected, since there are major differences among posts in terms of perceived benefits from the program and hours spent in ADEP.

B. OFFICER AND SENIOR NCO STUDY

Appendix VIII.B gives a detailed description of both the method and the findings of this study. The following is a brief summary.

1. Purpose and Method

Apart from measuring the effect of the Post programs on officers and senior NCO's, we wanted to obtain *their* assessment of the program, wha, it did and did not accomplish, what they would like to see changed, and in addition, to see what their attitudes were toward the whole issue of alcohol/drug abuse. To do this, we interviewed 76 leaders on six Posts, both in the United States and abroad, using an open-ended interviewing technique. Responses were later coded and computerized; cross-tabulations, coupled with tests of significance, isolated variables which were related to responses.

2. Results

Despite the paucity of measurable effects on behavior, the majority of respondents considered the program on their Post to be: credible (58% believed "some" or "all" of it was credible); a learning experience (59% said they learned); an experience which changed their attitudes (only 42% said it had no effect, or did not mention an effect); and made them feel more competent in handling military personnel (57%). Almost half (49%) felt the program made them more effective leaders.

The perception of learning something from the program is related to the person conducting the program — those *not* in a formal drug specialist role generally appeared more able to impart learning. The exact effect of the program on attitudes was scattered among a number of responses, but a quarter of the respondents felt they had achieved better understanding of the alcohol and drug problem through the program. The perception of increased competence was related to Post, hours of education, and the person conducting the program; however, hours of education (as might be expected) are the most powerful differentiator. (Those with few hours were far less likely to feel increased competence.) Those feeling a positive change in competence tended to say (38%) that they increased their knowledge or were more qualified as a result. Once

again, the type of positive change mentioned was affected by the related variables of hours of education and Post. Generally speaking, those with few hours of education tended to say that their knowledge increased, while those with a greater number of hours of education were more likely to talk equally about increased knowledge *and* increased confidence.

The feeling of an increase in leadership effectiveness was related to both hours of education and the program source. We have no way of determining which is prime, but once again, those with few hours of education were far less likely to feel more effective. The examples given to show more effective leadership had mixed content, but the most frequently evidenced change was in the area of increased knowledge (29%). The content of the examples varied significantly by both Post and hours of education, with the latter apparently the prime variable. Here again, respondents with more hours of education seem to stress both the increased knowledge *and* the increased confidence as an effect on leadership, while those with fewer hours place more emphasis on information changes. Few respondents felt that the program affected their behavior (60% either did not mention an effect or specifically said it had no effect).

As for program *content*, almost three-quarters of the respondents mentioned learning about Post resources for handling alcohol/drug problems and close to half mentioned learning how to identify drug users. There were differences by Post and by source of education; and there were differences by hours of education (which, of course, is Post-related). This last relationship may indeed be the most important of the three since, where significance was found, the relationship is progressive: the more hours of education, the more likely the respondent recalled learning about a topic.

There was no consensus as to what information was most useful. Over a quarter of the respondents chose as most useful learning how to identify drug users and learning about Post resources, respectively. There were significant differences by Post as to what was "most useful," suggesting that it is *not only* the content which is considered, but also the philosophy and approach which affect whether information will be considered "useful."

The program length and source of instruction varied significantly by Post. Therefore, the Post is apt to be a significant factor in assessing program impact. In fact, the Post, closely linked with two other important variables (hours of education and source of education) is a key variable affecting many responses in the interviews. Qualitative aspects (what was learned, what was most useful of the things learned, the kinds of changes in competence, etc.) of the respondents' assessment of the program (as was seen above) varied significantly on these factors.

Media, message, and audience changes were suggested by the majority of respondents (28% mentioned using films) but there was no consensus around the last two — not even a fifth mentioned any given category; the source of education and the program length were generally accepted as is by the majority of respondents.

Respondents tended to differentiate between alcoholics, those using marijuana, and those using other drugs. They felt that alcohol abuse was strongly related to a person's personality and was detrimental to mission accomplishment. They felt they should help the alcoholic and did not strongly oppose alcohol abuse or think it required punitive measures. Marijuana was viewed somewhat lightly by respondents. Three out of ten were not strongly opposed to its use; one out of twelve did not object to its use off duty. About one third were strongly opposed to marijuana use, e.g. said that users should be punished, transferred, or discharged. Over half the respondents were either neutral or gave no mention of a reaction to marijuana users. A significantly smaller number (47%) felt use hindered mission accomplishment. Respondents tended to feel they should help marijuana users, and that marijuana use is related to peer pressure and other environmental factors.

Users of other drugs are said to hinder mission accomplishment, so respondents were significantly more opposed (41% didn't like use at all) and punitive (13% said users should be discharged, etc.).

C. SUMMARY

Table 8 summarizes key results of the Officer and NCO Study at Posts 2, 4, and 9. Hours of education varied significantly, and it should not be surprising that the one with the greatest number of hours should prove to show more perceived improvements and changes. In the Officer and Senior NCO Study we found no significant differences among these three posts in *attitudes* toward users/abusers, although differences did exist (see Table 8) in other areas. Table 9 shows all significant results from the Alcohol, Drug, and Leadership Survey for the same three posts. The findings are sparse, and there is no overlap among Posts for what little significant change was measured. Also, there appears to be little connection between *perception* (Table 8) and *measurable* results (Table 9). At one Post, for example, over two-thirds of the respondents made a general statement in an interview that they had greater competence as a result of the program, yet their confidence in skills as measured by a set of questions in a questionnaire: (scale H, using Post weights) showed a significant decrease.

TABLE 8

DIFFERENCES IN KEY VARIABLES AMONG POSTS:
OFFICER AND NCO SURVEY

Variable	Post 2	Post 4	Post 9
Hours of Education			
<5 Hours	0%	40%	58%
5-10 Hours	0%	47%	37%
11+ Hours	100%	13%	5%
Source of Education			
Drug Program	100%	73%	74%
Suggested Changes in Media/Mode			
Impersonal (books, etc.)	57%	60%	21%
Respondent Perception			
Kinds of Learning			
Identification	52%	27%	37%
Resources	100%	40%	79%
Discharges	76%	27%	32%
Most Useful Information			
Resources	5%	20%	26%
Counseling	67%	53%	21%
Perceive Greater Competence			
Yes	67%	40%	42%
No	19%	0%	21%
Don't Know	10%	53%	32%
Type of Competence Change			
Reinforced/Gained Competence	53%	0%	0%
More Qualified/Incr. Knowledge	40%	86%	100%
No Mention	20%	14%	0%
Type of Increased Leadership Growth			
Reinforced/Gained Confidence in			
Leadership Ability	40%	0%	11%

TABLE 9

SUMMARY OF MEASURED CHANGES IN KNOWLEDGE AND ATTITUDES:
ALCOHOL, DRUGS, AND LEADERSHIP SURVEY

Scale	(Weight)	Post A	Post B	Post C
A:	Tolerance and Understanding of Drug Users (ADL)	+	0	0
G:	Alcohol/Drugs are a Serious Problem (ADL)	0	-	0
H:	Confidence in Skills (Post)	-	0	0
I:	Causes/Effects of Drug Use (ADL) (post)	+ 0	0 0	0 +
Significant overall direction of score change, pre- to post-test		0	0	+

+ = significant positive change
— = significant negative change
0 = no significant change

D. USAADEC FEEDBACK

A follow-up questionnaire was given to graduates of the U.S. Army Alcohol and Drug Education Course (USAADEC) to solicit feedback on the value of the course after approximately 15 months had elapsed and the graduates had had the opportunity to apply their training.

USAADEC was still highly regarded from this time perspective, but it was apparent that its worth was judged to a large degree on the basis of respondents' feelings of increased awareness, insight, sensitivity, and appreciation of people, etc. There was evidence that attitudes and values relating to drug use had not been profoundly or lastingly changed by USAADEC. In retrospect, courses dealing with background information, sociology and an understanding of the alcohol/drug problem and pharmacology were rated the most useful in performing ADE assignments. Those relating to techniques of education and rehabilitation had proved less useful. Courses relating to the *organizing* of educational programs were generally not regarded as useful. USAADEC graduates often criticized courses for having no practical application. Thus, USAADEC alumni still valued their experience, but it may not have produced lasting attitude changes and often failed to provide information useful to specific situations.

Seventy-seven percent of the assignments for the USAADEC graduates surveyed involved some drug control activities. For nearly half of these assignments, the involvement was a heavy one, taking 76-100% of the graduates' time. However, in nearly two-fifths of these assignments, only 0-25% of the time was spent on drug control activities. USAADEC graduates were thus not always able to fully utilize the training they had received.

Further impediments to the application of USAADEC training to alcohol/ drug control functions were provided by individuals and organizations in the Army environment. First sergeants and battalion and company commanders often hindered USAADEC graduates. The Commanding General or the Post Commander were often cited both as sources of support or hindrance. When a Commanding General or Post Commander cooperated with alcohol/drug control activities, he could be a great help to the USAADEC graduate by ensuring the cooperation of personnel outside the drug program. However, in some cases the Commanding General was evidently not supportive of alcohol and drug control activities, and may indeed have been antagonistic. Such activity hindered the USAADEC graduates considerably.

Since graduation, USAADEC trainees had generally become more legally-oriented in their attitudes towards drugs. Specifically, they were less tolerant towards marijuana use and more in favor of strict legal means for curbing drug abuse. We speculate that the difficulties that respondents encountered in applying their training may be moving them away from the tolerant, interactive approach fostered at USAADEC and towards a stance more congruent with a disciplinary approach to the problem.

IX. ALCOHOL AND DRUG EDUCATION PROGRAMS
FOR MILITARY DEPENDENTS

A. INTRODUCTION

During field work conducted at Army posts in the United States, the Pacific, and Europe, we reviewed ADEP for military dependents. This evaluation, though not as extensive as the main body of research, was undertaken as an amendment to the original contract DAHC 19-72-C-0040. To quote the amendment, "It is anticipated that this assessment will be of a more limited nature than those directed at the other two target groups (EM and leadership)." Product data were not available, nor did we gather them. The depth of information from field trip reports and interviews for dependents' programs was well below that from data gathering for ADEP for EM and LS.

Some elements of drug education programs for dependents were identified at six CONUS posts and two overseas posts; these programs were examined through interviews with students, teachers, and administrators, and through observations of program functioning. A special visit was made to review a dependents' drug education program at another post not otherwise covered. Detailed information about each post's program for dependents is described in Appendix IX.

B. DESCRIPTION OF PROGRAMS

The dependents' programs that we examined (primarily those for dependent children) varied greatly in scope and resources. Army programs for dependent children concentrate on drugs other than alcohol. We found that the Army is devoting some attention to such programs (but considerably less than to programs aimed at EM and LS), either in cooperation with local civilian school districts or in its own dependent schools. The Army also runs its own Rap Centers and Dependent Teen Programs. However, the extent of civilian cooperation and Army input is a function of the local school districts' preferences in the matter.

Most dependent programs were started recently (6 months to a year before ADL visited any posts). Some were still in the planning stage. Programs have focused on schoolchildren in grades 4-12, with messages differentiated according to age and maturity of the audience. As in civilian programs for schoolchildren, there has been a trend away from scare message tactics toward discussion of alternatives to drug use. The Army has taken the initiative in spreading the Teen Involvement/Operation Dope Stop (TI/ODS) program, which funds the training of high school students to serve as instructors for younger students.

The Army has responded to local situations, providing help where it is needed and desired. In addition to sponsoring TI/ODS, such assistance has taken the form of training teachers, providing lecturers, helping to plan programs,

participating in local committees, planning or coordinating programs, and sharing experiences which would be helpful in shaping such programs.

We have the following impressions regarding the effectiveness of these programs. As in the case of almost all programs for EM and LS, and as in all except a handful of civilian school ADEP's, the programs had made almost no effort to assess their own effectiveness. We found the isolated attempts at evaluation to be subjective and not useful. As well as we could ascertain, ADEP for schoolchildren under Army auspices is no more or less effective than similar efforts under civilian auspices. The techniques and curriculum materials were the same as those used in civilian school programs and reviewed in our interim report, *Literature Search and Criterion Development.*[1]

One particularly interesting program — in the vanguard of programs aimed at curbing drug use by schoolchildren — emphasizes self knowledge and values clarification. Addressed to sixth graders, it discusses drugs as part of a larger context; i.e., growth of the individual and how he or she makes certain important decisions. The students work through the contents of a long reading list and discuss personal problems that may lead people to use drugs. They examine solutions to such problems, compared to drug use.

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1. Arthur D. Little, Inc., Cambridge, Mass.: August 1972.

PART FOUR

RECOMMENDATIONS

X. A REVISED ARMY APPROACH TO ALCOHOL AND DRUG PREVENTION: OBJECTIVES, ORGANIZATION, AND POLICY

A. BACKGROUND

This study was conceived as an attempt to discover — empirically, by observing the functioning of alcohol and drug education programs (ADEP) at various posts — what media, methods, and sources of ADEP work best, and with what audiences. We expected that with a wealth of variation in techniques among posts, we might find enough variation in the product of ADEP, the attitudes toward alcohol and drugs that it generates, and the influences on alcohol and drug use that it has, so that we could identify the best techniques and recommend them for wide application.

Our expectations were not met. ADE *in the Army has had no discernible effect in preventing soldiers from beginning or increasing their use of alcohol and drugs.* Through all the posts we visited; with all the techniques we looked at; education was ineffective as a preventive device. Further, it was uniformly ineffective. No aspect of it was more effective than any other, in curbing the use of alcohol and drugs.

Why was this so? Primarily, because, at best, *education results in the acquisition of new facts and understanding.* (Education does not necessarily even result in such learning, unless certain conditions about the teacher and the taught, and the relationship between them, are met.) In some situations, education can influence attitudes — toward abstractions, or towards entities with which the learner has limited personal experience. But *education cannot change attitudes or values or behavior,* unless the learner *is motivated* to change.

We found that young soldiers who use alcohol or drugs are strongly motivated to do so, and not strongly motivated to change. They are motivated toward use, either because they feel a compulsion to do so, or because they enjoy it. Mixed in with this is extrinsic motivation and legitimization: the young men who use alcohol or drugs are members of peer groups which believe there is nothing wrong with this use — they often believe, in spite of education efforts to the contrary, that it is beneficial. Those motivated by compulsion use alcohol or drugs to escape unbearable reality or to cope with unpleasant aspects of their lives. Those motivated by enjoyment use alcohol or drugs because they feel better when they do so, or they experience a heightening of consciousness, feelings of insight, or peace, that they desire.

Thus, when we deal with alcohol and drug use, we are in the realm of feeling and emotion. We are not dealing with education in nomenclature and techniques, of disassembling an M-16 rifle, or map reading. We cannot expect to prevent

young men from beginning to use drugs, or reduce such use, by presenting them with a two-hour lecture on drug names, appearance, and what *we* assert the drugs will do to *them*.

Education has not, will not, and cannot, by itself change personal attitudes and behavior. We know this because of what we learned about the impact of the Army's ADEP, and through what we and others have learned about attempts to influence drug use and other behavior through education. The experiences and motivations of human beings have tempered them sufficiently, so that they are not easily shaped in the lukewarm water of educational programs. The situation is best summarized by Etzioni.[1]

> "[The prevalent approach to social problem solving] is based on the assumption that people can be taught to change their habits . . . .
>
> "Imbedded in the programs of the federal, state, and city governments and embraced almost instinctively by many citizens, especially liberal ones, is the assumption that, if you go out there and get the message across – persuade, propagandize, explain, campaign – people will change, that human beings are, ultimately, quite pliable. . .
>
> "But [are] they? We have come of late to the realization that the pace of achievement in domestic programs ranges chiefly from the slow to the crablike – two steps backward for every one forward – and the suspicion is growing that there is something basically wrong with most of these programs. A nagging feeling persists that maybe something even more basic than the lack of funds or will is at stake. . . . We are now confronting the uncomfortable possibility that human beings are not very easily changed at all.
>
> "Take smoking, for instance. Since 1964, when the Surgeon General began calling attention to the dangers of cigarettes, a vast and expensive campaign has been waged, involving press releases, lectures, television advertisements, pamphlets, and notations on the cigarette package. The positive result of all this activity, however, has been slight. At first there was no effect at all; actual cigarette smoking continued to rise until 1967. Then it dropped from 11.73 cigarettes per day per person aged eighteen years and over to 10.94 in 1969. More recently the level has risen again.

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1. Etzioni, A., "Human Beings Are Not Very Easy to Change After All — An Unjoyful Message and Its Implications for Social Programs," *Saturday Review*, 3 June 1972, pp. 45-47.

"The moral? If you spend $27 million, you may get enough people to switch from Camels to Kools to make the investment worthwhile for the Kool manufacturers. However, if the same $27 million is used to make nonsmokers out of smokers — that is, to try to change a basic habit — no significant effect is to be expected. Advertising molds or teases our appetites, but it doesn't change basic tastes, values, or preferences. Try to advertise desegregation to racists, world government to chauvinists, temperance to alcoholics, or — as we still do at the cost of $16 million a year — drug abstention to addicts, and see how far you get.

"One of the few effective and efficient ways in which people can be basically remade lies in a total and voluntary reconstruction of their social environment. Thus, when students withdraw from the campus into a rural commune, or Jews emigrate from the U.S.S.R. and Eastern Europe to found a new Israeli kibbutz, life can be deeply recast. The creation of a whole new environment for addicts — indeed, a new social community — on a voluntary basis, as achieved by Synanon, is highly effective, and Alcoholics Anonymous seems to provide a cure as effective as or better than Antabuse. Many alcoholics and mental patients who are integrated into therapeutic communities are reported to recover well.

". . . At the same time one must note that effective total-change groups work only for those who join voluntarily. Most addicts, mental patients, prison inmates, and others in need of change don't volunteer to join. Hence, the total-change approach is considerably less applicable to social problems than some would have it be. . . ."

What, then, can the Army do to prevent alcohol and drug abuse? Only major measures — intensive, continuous, well aimed and realistic — will succeed. The Army must decide whether such major measures are merited. Alcohol and drug education has been a minor program — well established by directives, but unrealistic in its objectives and half-hearted, sporadic, piecemeal, and diffuse in its implementation.

For success, the measures must be intensive rather than half-hearted, because influencing human attitudes and behavior demands great expenditues of time and energy. They must be continuous rather than sporadic, because people (like other organisms) are molded by consistency in their environment. For the same reason, measures against alcohol and drug abuse must be integrated within an Army context that supports them. The measures must be well-aimed at specific objectives, rather than pointed vaguely at diffuse goals, so that objectives can clearly guide procedures and practices, and so that the success of the measures can be evaluated and techniques changed if they are not bringing us closer to clearly defined goals.

The objectives must also be realistic, for two reasons. First, achieving the impossible, or even the improbable, is enormously depleting of resources that can be scarce. Second, combining a realistic objective, and one which much of the target population invests with legitimacy (such as preventing the use of hard drugs) with an unrealistic objective, which the majority of the target population considers illegitimate (such as preventing the use of marijuana or of alcohol) severely reduces the credibility of the first objective and thereby reduces the probability of attaining it.

B. RECOMMENDATIONS

1. Introduction

The prevention program we recommend calls for integrating measures to reduce or eliminate the use of hard drugs, with measures that we believe will help to prevent their use in the first place. The latter measures are designed to improve the life satisfaction of lower grade EM, so that their life conditions do not lead them to take hard drugs or abuse alcohol as an escape.

We realize that the Army has limited resources and many competing demands for them. We do not minimize the resources that the Army would need to expend, to carry out our recommendations. We have not costed them out, because they constitute a line of attack on the problem completely different from that which we were originally chartered to investigate. The Army will need to weigh whether the problem of alcohol and drug abuse is sufficiently important to its own functioning, to justify the considerable expenditures that the recommended program would involve.

We therefore recommend that the broad Human Relations Program discussed below be developed and tested at one post, on a pilot basis. A formal and extensive evaluation, including the gathering of data on costs and effectiveness of the model program, should be carried out. If the evaluation shows that the methods used were successful in curbing hard drug use, and that the benefits outweigh the costs, we recommend that the Army implement the program on a widespread basis.

In this section, we outline the objectives, organization, and policy, of a revised Alcohol and Drug Prevention Program (ADPP). The next chapter treats the process in more detail.

2. Broad Human Relations Program

We recommend that the ADPP, as well as the drug identification and rehabilitation programs, become part of a general Human Relations Program

(HRP) at each post. We do this because the abuse of hard drugs (including alcohol) cannot be isolated from adjustment and personality problems. In some cases, drug abuse is an outgrowth of personal problems, or of adjustment problems that arise out of a temporary or local situation. In other cases, drug abuse leads to other adjustment problems. An HRP with a strong counseling component would cope with *all* of the interrelations and deal with the "whole man," rather than attempt to deal with various artificially isolated (but actually related) problems separately.

Comprehensive counseling programs (also called "troubled employee programs") similar to those we recommend are being implemented in industry. These efforts focus on many of the same issues that concern the Army, including the relation of counseling to disciplinary procedures, the role played by supervisory personnel and the impact of personal problems (including drug and alcohol problems) on job performance.

The most impressive of these efforts is the *Insight* program sponsored by Kennecott Copper Corp., of Salt Lake City, Utah. *Insight* serves as a referral and counseling service for 8,000 Kennecott employees and 24,000 dependents. The basic approach is to identify employees with problems *before* they become chronic, to see that these individuals are informed of and referred to appropriate counseling and treatment and then to perform follow-up to see if the care was received.[2]

Insight is careful not to identify itself solely with drug or alcohol problems and finds that it gets a better response from alcohol and drug abusers than do programs specifically oriented to these problems. Otto Jones,[3] the founder of *Insight*, believes this is because less stigma is attached to this type of program, making it more attractive to use than drug programs *per se*. He often finds that people are not aware that their problems are drug- and alcohol-related and a comprehensive counseling program provides the opportunity to detect such situations.

Eighty-five percent of all client contacts with *Insight* are voluntary. Typically employees learn of the service by word of mouth, although a small advertising campaign has been carried out. The other 15% of contacts originate from Kennecott supervisors who are instructed to watch for unusual behavior and

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2. *Insight* operates on the assumption that a person's whole life must be considered in dealing with his problems. It seeks changes in motivation by dealing with resistance and denial through a confrontation with documented reallity and by creating an awareness of the full implications of behavior.

3. Material for this and succeeding paragraphs derives from material supplied by Mr. Jones.

decreases in productivity. Supervisors approach the troubled employee with information about *Insight before* the behavior is serious enough to merit disciplinary action. Supervisory personnel do not serve as counselors, but are asked to be sensitive to the behavior of their subordinates, not to overreact and to know where to send employees with problems. Once contact is made, *Insight* conducts an initial interview to probe the true source of the difficulty and then typically refers the case to professional counselors (70% of the time). The service also has its own counselors who work with minor problems and who help severely disturbed individuals to get oriented to the idea of professional counseling. *Insight* then checks with the supervisor and the professional involved to see if care is being received. Confidential files are kept and terminated only when the employee leaves the company. Clients are also assisted in adjusting to their job and their families as their treatment progresses.

Just in terms of volume, *Insight* is a success, with 4,500 employee contacts in its three years of operation. It currently has 120 drug abusers and 420 alcoholics under care (out of 600 alcoholics that could be expected in an operation of Kennecott's size). The average age of these clients is 37 (compared to a national average age of known alcoholics of 50-55).

Insight evidently meets its objective to be a broad counseling and referral service to which a minimum of stigma is attached and which gets to people with problems before they become chronic problems. A recent evaluation compared the absentee rates and employee insurance-related indemnity and hospital payments for *Insight* clients for the six months preceding and the six months following contact. Absentee rates were reduced 52%, indemnity payments were down 74%, and payments of hospital and medical costs were down 54%. It is estimated that the decrease in absenteeism alone saved Kennecott $500,000. The program costs about $8 per employee per year to run. This is not much more than the high end of costs for ADEP.

Insight is expanding. As Human Affairs, Inc., it offers its services on a contract basis to other industries and to government agencies. It will serve either as a consultant or will actually run a counseling-referral service on contract.

The HRP and its ADPP aspect must be well articulated with other elements of the command structure. This must be true organizationally; it must also hold true with respect to messages about alcohol and drug use and official positions on the subject that are transmitted to the LS and lower grade EM.

We recommend that, at least initially, the Human Relations Program report directly to the Post CG. This will help give it command support and follow-through. Those instituting the HRP will negotiate its contents and policy with the CG. This negotiation will, we expect, involve some education, both of the CG and

of those responsible for implementing the HRP. It will help each CG to implement the human relations environment and leadership style which he sees as desirable for his post. It will provide incentives for the LS, consisting of line officers and senior NCO's, to pursue ADEP and the other elements of the HRP vigorously and seriously. We believe that increased Command emphasis, above a mere statement of high priority, is necessary to give the HRP (including the alcohol and the drug program and its prevention aspect) the resources and emphasis in time, budget, and effort that are needed to make it work.

We recommend the following objectives for the Human Relations Program:

1. Improve the life satisfaction, especially that which derives from on-the-job accomplishment, of Army personnel;

2. Improve communications among and between lower grade enlisted men and the leadership structure;

3. Eliminate frictions, such as racial antagonisms, among and between lower grade enlisted personnel and the leadership structure;

4. Help military personnel (and possibly their dependents) with personal problems that are not amenable to solution by counseling with commanders; and

5. Help prevent personal problems from growing until they lead to alcohol or drug abuse.

The HRP will achieve these objectives by providing:

1. Information and skills to help the LS achieve the above objectives;

2. Counseling to help personnel with their problems;

3. Professional help to those who need it; and

4. Encouragement for off-duty activities that can serve as alternatives to alcohol and drug abuse.

Within the HRP, the Alcohol and Drug Prevention Program should have *achievable* objectives. We emphasize that the objectives should be achievable, because we have found some activities of the present education program that have *not* achieved their objectives. Further, DA Cir 600-85 explicitly presents for alcohol and drug education the objective of altering attitudes, and implicitly presents the objective of changing behavior. These objectives are not achievable

through the use of the conventional educational techniques used in the Army. They *are* achievable by small group discussions, one of the unconventional methods recommended by DA Cir 600-85, but only when this method is used much more intensively than we saw it practiced.

Because formal educational activities have *not* had any effect on alcohol or drug use, formal didactic educational activities for lower grade EM should *only* attempt to:

1. Inform the audience of what the Army expects of them with respect to alcohol and drugs; and

2. Inform the audience of the help which is available if they have problems of any sort, including problems with alcohol or drugs.

Less formal, more participative, HRP activities carried out with small groups (no more than a dozen) of young EM should attempt to help them clarify their own values and roles in the Army and how their activities, including use of alcohol and drugs, are related to achieving those values and the objective of mission accomplishment. Referral of EM with problems to such groups will help conserve the time and energy of the company commander, already burdened — as is commonly said, with devoting 90% of his time to 10% of his people — and feeling the lack of professional preparation for offering intensive counseling.

Educational activities directed at the LS should attempt to:

1. Impart further leadership skills to help the LS improve the life satisfaction of subordinates, and increase the openness of communication with subordinates;

2. Familiarize the LS with the functioning of the HRP and the referral and counseling services it provides the LS and subordinates, and instruct the LS in when and how they should make referrals; and

3. Help the audience to identify alcohol and drug abusers, and understand better the reasons for alcohol and drug use and abuse.

Why do we think an education program directed at the LS can succeed in changing their leadership behavior, when the burden of this report is that education directed at lower grade EM to prevent their abuse of alcohol and drugs has failed? Because the LS can be motivated to change. The LS is committed to Army careers. If the Army makes it clear that it desires behavioral change, and shows that careers are dependent on such change, the LS will modify its behavior.

Making this clear will involve follow-up and rewards for members of the LS who do what the Army desires. The desired behavior must not only be *taught* (by the HRP) but *reinforced* (by the Command structure).

To carry out this program successfully, we recommend that those conducting it be specially selected, and trained more appropriately and intensively, than the majority of those now carrying out the ADEP.

We recommend that the officer in charge of the HRP have significant seniority (rank of LTC or COL) and command experience. This will help him to work on a basis of equality with commanders, and on the basis of understanding their problems and objectives. It will help him to "speak their language" convincingly and persuasively, and point out to them how the HRP will help them to achieve better unit functioning. At the same time, he must have major training in human relations, psychology, sociology, counseling, and other behavioral sciences. This will help him to understand the capabilities and limitations of the techniques used in the Human Relations Program.

Finally, but by no means least, the slot of Director of the Human Relations Program must be — and be perceived as — a valuable experience for career purposes. It must be one which is seen as important in the functioning of a post or Command; one which relates closely to the development of the Army's most important resource, people, and one which makes major contributions to the effectiveness of the function of a post or Command.

The counselors and educators in the HRP in general, and the ADPP in particular, must be well trained in counseling and have some training in educational techniques.

We recommend that the Human Relations Programs receive line item funding. An administrative difficulty we found at most posts we visited was that the staff of the ADEP came "out of the hide" of the post. Under these circumstances, fewer resources (personnel and material) were devoted to ADEP than would be the case if it were explicitly allocated funds.

We recommend that job descriptions be prepared for the Director and the staff of the HRP, including those in the ADPP. Such job descriptions will help reduce the ambiguities of how to select such people, and what activities they should pursue on the job.

Finally, the activities of the HRP with respect to ADE, and the messages it conveys to its various audiences, should be well coordinated with the policies and activities of law enforcement about drugs (both by LS personnel and by those specializing in law enforcement) at the Post. The present sets of messages about

drug use conveyed to the lower grade EM, especially with respect to the use of marijuana, are at least partially contradictory and produce confused expectations of the legal consequences of their actions.

3. Policy on Hard Vs. Soft Drugs

At the level of company commander and senior NCO, there is uncertainty now about what the Army *really* expects with respect to marijuana. The *official* policy is clear: The Comprehensive Drug·Abuse Prevention and Control Act of 1970 includes marijuana as a controlled substance under the jurisdiction of the Bureau of Narcotics and Dangerous Drugs. The Act defines criminal penalties for possession, manufacture, and sale of controlled substances. How a company commander or senior NCO ought to *implement* the policy is less clear. Many of them interpret the policy to mean, operationally, that although marijuana possession is against the law, if possessors keep their use out of the jurisdiction of their leaders, and are mission-ready after use, it is not worth a leader's time and effort to enforce the law. Many other leaders, on the other hand, wage active and aggressive efforts to apprehend and take disciplinary action against marijuana users. Some other leaders are not sure what to do, so many young EM are not sure what to expect. We recommend a policy below.

We recommend that the Army make the clearest distinctions possible between the hard and soft drugs in enforcement, treatment and education. By hard drugs, we mean those drugs for which tolerance is built up; which are characterized by withdrawal symptoms; or whose use has been shown to inflict major immediate or long-term physiological or psychological harm: alcohol (if abused), barbiturates, amphetamines, heroin, narcotics other than heroin, and inhalants. By soft drugs, we mean those that do *not* show the above character-istics: marijuana and hashish are in this class. The distinction means minimizing the use of strong enforcement practices and scare tactics with respect to mari-juana and hashish, while maintaining existing policies with respect to the hard drugs. (This has already been done unofficially by some unit commanders at some posts.)[4]

By doing so, the Army would communicate to the lower grade EM its clear understanding of the difference between the effects of marijuana and hashish, on the one hand, and the hard drugs, on the other. It would also help the LS to enlist

4. The Bureau of Narcotics and Dangerous Drugs (BNDD) has implicitly moved in this direc-tion. BNDD's latest *Director's Report On: Federal Performance Measurements, State & Local Performance Measurements, National Drug Measurements* shows in the table, Federal Performance Measurements, Arrests, etc., that the ratio of hard-drug-related (heroin, other narcotics, cocaine) arrests to cannabis arrests increased from 1.9 in CY 1968 to 3.4 in CY 1973 (through March).

peer pressure *against* hard drugs; – an influence which is sometimes exerted by young EM who use soft drugs. The Army would convey its understanding that the dangers of marijuana use, and adverse effects of that use on individuals and their performance, have not been proven. This would make its efforts against the use of hard drugs more credible, and help to concentrate efforts against drugs that have been shown to harm individuals and their ability to perform their missions. Finally, it would provide clear and implementable policy guidance to the LS, especially to the company commander, who needs it most.

We present, for this action, the rationale of the National Commission on Marihuana and Drug Abuse.

Marijuana use has not been shown to cause serious biological or psychological harm. The National Commission reached the following conclusions with respect to the biological and psychological dangers of marijuana use:[5]

- "No pathologic bodily changes have been conclusively demonstrated from acute use [of marijuana].

- "Acute psychotic reactions are quite rare. They usually last a few days to weeks and occur in predisposed persons either with pre-existing mental disorders or borderline personalities especially under stressful conditions.

- "Physical dependence has not been demonstrated.

- "Little, if any, psychological dependence is present in most intermittent marihuana users.

- "No objective evidence has been demonstrated that even very heavy, long-term hashish use causes organic brain damage.

- No human fatalities have been noted in this country caused by marihuana."

Although heavy, chronic use of marijuana can lead to marked psychological dependence, it is clearly not very dangerous psychologically or physically at the use levels which most marijuana smokers exhibit. Marijuana is surely no more dangerous from an individual standpoint than the legal drugs (alcohol, amphetamines, barbiturates) now used in the United States.

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5. *Marihuana: A Signal of Misunderstanding, The Technical Papers of the First Report of the National Commission on Marihuana and Drug Abuse,* Vol. 1, U.S. Government Printing Office, Washington, D.C., 1972, pg. 58.

Marijuana use has not been shown to lead to the use of harder drugs. The National Commission further concludes:[6]

- "Thus far sufficient evidence to scientifically establish causality linking marihuana use as a precursor to using other drugs including heroin has not been presented.

- "...Marihuana was not a factor in the drug escalation of the overwhelming bulk of all users, heavy users, or addicts of dangerous drugs in America...."

The Commission goes on to state that the whole notion that "soft" drug-use leads to "hard" drug use is based on a misconception of the drug use patterns in American culture. Typically, users of all drugs begin with dangerous drugs that happen to be legal in the United States: namely, alcohol, tobacco and/or barbiturates, and then "progress" to a variety of different drugs and use patterns from that point. Thus it may be true that many users of hard drugs had previously used marijuana. However, an even greater percentage undoubtedly used alcohol or cigarettes (or milk) at one point or another, too. No one attributes heroin addiction to alcohol and cigarette use. It is equally meaningless to attribute it to marijuana use.

A clear indication that marijuana use does *not* lead to hard drug use can be seen in the numbers. The National Commission estimates that, as of August 1971, at least *24 million* Americans had used marijuana at least once.[7] How many heroin addicts are there in the United States? The estimates vary. The Ford Foundation report[8] gives a best estimate of 150,000 to 250,000 as of November 1970, and mentions, but discounts, an estimate of 600,000. The Consumers Union report[9] estimates 250,000 to 315,000, presumably as of 1972. A factor of *40 to 1* between 24,000,000 and even the *highest* heroin addiction estimate of 600,000 makes it abundantly clear that use of marijuana *does not per se* lead to heroin addiction.

Marijuana use has not been shown to lead to behavior that is socially disruptive. The Commission states:

- "There is no systematic empirical evidence, at least that drawn from the American experience, to support the thesis that the use

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6. Ibid., p. 422-3.
7. Ibid., p. 251.
8. The Ford Foundation, *Dealing with Drug Abuse,* New York: Praeger, 1972, pg. 4.
9. E.M. Brecher, and the Editors of Consumer Reports, *Licit and Illicit Drugs,* Mount Vernon, New York: Consumers Union, 1972, p. 80.

of marihuana either inevitably or generally causes, leads to, or precipitates criminal, violent, aggressive or delinquent behavior of a sexual or nonsexual nature.[10]

● "Almost all chronic, heavy hashish smokers are indistinguishable from their peers in the lower socioeconomic strata of their respective societies in social behavior, work performance, mental status and overall life style."[11]

In other words, antisocial behavior among cannabis users has not been found to be related to their use of cannabis. Certain groups demonstrate antisocial behavior for a variety of reasons and some of these groups happen to smoke marijuana or hashish; however, marijuana can also be used within the context of a non-deviant life style.

4. Examine Ways to Cope with the Youth Sub-Culture

One more recommendation pertains to a longer time frame than the above. This recommendation has to do with the existence in the Army of a *youth sub-culture*, a group of young EM with motivations, attitudes, values, and a life style quite different from — and in many ways inimical to — those typical of the Army. The youth sub-culture has developed in the civilian sector and has been brought into the Army by people who belonged to it as civilians.

This study, and current ADL participation in a study of race relations in the Army, have made us aware of the existence of the youth sub-culture. Our impressions of how members of the youth sub-culture are different from other young soldiers are as follows:

● Members of the sub-culture have very little respect for authority. In fact, they have many problems in dealing with authority relationships.

● Members of the sub-culture are not motivated by the desire to achieve. The usual rewards for achievement granted by our society, both in its military and civilian sectors (increases in compensation, responsibility, and status) do not meet their needs and have little effect on them.

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10. *Marihuana: A Signal of Misunderstanding,* Vol. 1, p. 470.
11. Ibid., p. 58

- Members of the sub-culture form a social group, separate from other social groups in the Army (and in civilian life). The group acts like other groups: it provides the individual with friends, standards of value, and rules to live by.

- Included in the value standards of the sub-culture is a belief in the legitimacy of the use of drugs which society and the law has declared illegal.

One may well ask two related questions: (1) Why are members of the sub-culture in the Army? and (2) Will there still be significant numbers of them joining the Army, now that it has become an All-Volunteer Force? Certainly some were drafted into the Army, and some were draft-motivated volunteers; however, we do not know how many. As for the future, we judge that the enlisted ranks of the Army will continue to contain large numbers of them. Some will join because they face the choice between a military enlistment and a prison term. Many will join because they have not thought through their own value structure, may not be familiar with that of the Army, and have not deduced the implications of the relationship between the two sets of values. Some will, no doubt, be converted to the sub-culture in the Army.

We do not believe that an All-Volunteer Force will provide any respite from the disciplinary and other problems which the existence of the sub-culture poses to the Army, not to speak of the problems ("hassles," in sub-culture parlance) which the Army imposes on them. These conflicts cause diversions of resources and energy of the LS. *The conflicts are not limited to the drug problem.* They have to do with life style. We expect this to continue, as long as a youth sub-culture and/or conditions conducive to it exist in the civilian sector.

Army leadership skills will need to be applied possibly adapted, to cope with the problem. In the past, the Army has shown its ability to overcome difficulties presented by other groups with their own sub-cultures, when it has had time to understand the problem and develop a response to it. We believe that the presence of members of the youth sub-culture in the Army presents a sufficiently important source of problems to justify immediate Army effort to understand it better and begin consideration of solutions.

We recommend that the Army, with the help of a panel of specialists, examine the sources of apparent incompatibility between the needs and values of young EM belonging to the sub-culture and those of the Army. The Army should search for, try, and evaluate changes in the personal satisfactions it can offer, that are consistent with the needs of both young EM and the several missions of Army units. This exploratory effort should address motivation broadly, so as to relate to career motivation and race relations, as well as drug and alcohol problems;

recognizing the real possibility that there may be acceptable changes that will have an equally beneficial effect on *all* these areas of concern. Such an exploratory study may lead either to some pilot programs or to specific action recommendations.

XI. PROCESSES: HOW THE RECOMMENDED ALCOHOL AND DRUG PREVENTION PROGRAM WILL WORK

This chapter contains our recommendations for how the ADPP should function as part of the HRP.

A. AN ALCOHOL AND DRUG PREVENTION PROGRAM FOR YOUNG EM

1. Formal Education

The formal didactic instruction, to both young EM and the LS, should be carried out on the basis of curriculum guides developed centrally by the Department of the Army Directorate for Human Resource Development, and modified or adapted by the Post HRP to suit any variation in local conditions. We recommend that the instruction to the lower grade EM cover the following elements in the first unit of instruction:

- Army expectations with regard to alcohol and drugs;

- Post and unit policies on the use of alcohol and drugs;

- Post and unit practices on search and seizure, inspection, and law enforcement activities on alcohol abuse and drug abuse;

- Practices of local civilian law enforcement jurisdictions with regard to the above;

- Description of the exemption program as locally administered; and

- Description of the urinalysis program as locally administered.

The material should be presented not in a theoretical or general sense, but in terms of how it applies to the individuals in the audience. Typical case examples should be given to make the discussion more concrete and realistic. Audiences should be as small as is feasible, but in no case larger than 30. The limit on group size is recommend to allow at least opportunities for questions, and at best allow discussion and audience participation, which will increase audience involvement and learning. The recommended content for the second unit of instruction should include:

- Help available for soldiers with personal problems, including problems with alcohol or drugs;

- The HRP and its counseling program;

- Procedures for obtaining counseling, such as sick call;

- Location, qualifications, and identity of counselors;

- Confidentiality of counseling relationship;

- Counseling by company commanders and senior NCO's;

- Alcohol and drug rehabilitation;

- Review of exemption program;

- Data about a Rap Center (if any), its location and functions, and the identity and qualifications of those running it;

- Data about a Halfway House (if any);

- Data about Alcoholics Anonymous (if any locally).

As with the discussion of what the army expects of its soldiers, we recommend that the education process should be as specific and participatory as feasible. We estimate that each of these presentations should take one or two hours. The presentation on Army expectations should be the responsibility of the Military Human Relations Counselor (discussed later). However, he need not be the only person giving it. He may invite other officials from the Post HRP, battalion command, Judge Advocate General's Office (JAG), the CID, Provost Marshal's Office, or civilian law enforcement agencies to participate.

We recommend that the responsibility for this presentation lodge at battalion level, so that it will present unit procedures more accurately and more responsively, and better reflect the emphases of battalion leadership, than if it were administered on a post-wide basis. We recommend, however, that the presentation on available help be made the responsibility of the Post HRP, since it deals primarily with post-wide facilities. Here again, the HRP should be encouraged to bring in others to carry out part of the presentation.

We recommend that both these presentations be carried out, initially, on a unit-by-unit level. (This is almost exclusively the way that ADEP has been carried out.) After the initial presentation to each unit, however, these presentations should be carried out, probably monthly, as orientations to newcomers in each battalion. This will overcome the effects of personnel turbulence and ensure that newcomers will be aware of what is expected of them and the opportunities for help and counseling.

Note that we have *not* included psychopharmacology, characteristics and effects of drugs, and warnings about the dangers of drugs in the elements of the presentations. This is because *nothing we have discovered during the course of this study – including the course of our examination of other studies of the effects of alcohol and drug education programs – leads us to believe that presentation of facts has any effect on the frequency of use of alcohol or drugs.* There is indeed, good evidence that drug users know more about drugs than do drug non-users. (Indeed, in some cases, drug users in the audience know *more* about drugs than do the drug education instructors.) We have seen a number of reactions toward the factual portions of drug education programs in the Army. Some portions are believed – they accord with, or at least do not contradict, the experience of the listener. Some portions are not believed – the listeners consider the ideas are exaggerated or inaccurate, or believe that the dangers described do not apply to them. We found considerable selective attention to presentations: members of the audience hear what they want to hear and tune out what does not fit with their own desires to use (or not to use) drugs or alcohol. But, to reiterate, *we did not find that soldiers stopped or decreased their use of alcohol or drugs because of any factual information presented.*

2. Values Clarification Groups

Changes in attitude or behavior with regard to alcohol or drug use will come about, if at all, as a result of individual or group counseling programs; the latter making use of small group "rap sessions" or discussion groups to help young EM clarify their own attitudes and values, understand the ways in which alcohol or drug use can affect their ability to reach their own objectives in life, and explore other alternatives which can substitute for alcohol or drug abuse. We recommend that monthly one-hour rap sessions be held, in groups of no more than a dozen soldiers. These rap sessions should not (in fact, they *could* not, given the availability and cost of counselors) include all the men on a post. We recommend that participants should be chosen selectively, to include soldiers who are believed to be using hard drugs, or abusing alcohol, or believed to be having adjustment problems that would tempt them to use or abuse these substances.

Thus, the ra   ions serve as both prevention and rehabilitation. They are based on the premise that at least some of those who use or abuse drugs (and many of these who might be about to start on their use) have *some* values and motivations that would *conflict with* alcohol abuse or hard drug use and its effects. The objective of the counselor leading the groups will be to help the participants in thinking through their own motivations, and reinforcing those positive motivations that go against undesirable behavior. By bringing to participants' attention the ways in which alcohol abuse or hard drug use are counter to positive motivations, the counselor will stimulate soldiers to reduce or curb their undesirable behavior. As motivations against undesirable behavior are built up, the counselor will help participants explore substitute desirable behavior.

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Thus, the rap sessions serve as both prevention and rehabilitation. They are based on the premise that at least some of those who use or abuse drugs (and many of these who might be about to start on their use) have *some* values and motivations that would *conflict with* alcohol abuse or hard drug use and its effects. The objective of the counselor leading the groups will be to help the participants in thinking through their own motivations, and reinforcing those positive motivations that go against undesirable behavior. By bringing to participants' attention the ways in which alcohol abuse or hard drug use are counter to positive motivations, the counselor will stimulate soldiers to reduce or curb their undesirable behavior. As motivations against undesirable behavior are built up, the counselor will help participants explore substitute desirable behavior.

3. A Counseling Program

The counseling aspect of the Human Relations Program expresses the point of view on which the entire HRP is based, namely, that of human preventive maintenance. We believe that people need *preventive maintenance*[1] as much as machines, and that by devoting attention to people before their problems exacerbate, the Army can prevent little problems from becoming big problems, or better yet, prevent problems from arising. This point of view says that effective leadership can foster an environment which maintains high life satisfaction, minimizes unnecessary pressures on subordinates, and heads off boredom. The point of view holds that, in many cases, alcohol and drug abuse are symptoms of personal problems. If the problems are removed or defused before they become intolerable, or if they are mitigated, the symptoms will decline or disappear.

A further assumption behind our recommendation of a Human Relations Program to deal with alcohol and drug abuse, among other problems, is that a broad program of this kind *does not label* those seeking help through it as alcohol and drug abusers. (In fact, many of those seeking such help will not be in these classes.) This makes it much easier – in the face of the social stigma attached to alcoholism or drug abuse not to mention the legal dangers associated with the latter – for an alcohol or drug abuser to be seen going to a counselor or a Rap Center.

We recommend that the counseling should be carried out by the CHRC and the MHRC. It should be available to any military person who wants help with personal problems. We recommend that the content of the counseling sessions should be privileged communication, to be kept out of the chain of command unless the counselee requests otherwise. Finally, we recommend that counseling include referral services, for problems that are beyond a counselor's ability to handle. For this reason, we recommend that the HRP maintain close liaison with MEDDAC and mental health facilities on and off post.

EM may be referred to individual or group counseling by themselves or their superiors. If they refer themselves, what procedure should they follow? In the event of personal (confidential) problems the chain of command becomes somewhat burdensome for both parties involved. We have hard evidence that the

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1. "Maintenance embodies all action taken to keep equipment in serviceable condition and to restore it to serviceable condition when it becomes inoperable. Preventive maintenance is the key to keeping equipment in operating condition. Maintenance is performed as far forward as possible, preferably on site, and by the lowest echelon." (From U.S. Army Infantry School, 55637 Army-Ft. Benning, Ga., 13 Jan 69).

soldier with a problem, especially a drug problem, does not feel comfortable discussing it with a member of his chain of command. He finds it even *less* desirable to explain his particular problem to each individual within the chain of command. (It is also a burden on those *within* the chain of command to listen to a problem that they are ill-equipped to handle.)

For these reasons sick-call procedures should be utilized for soldiers seeking counseling from the HRP. For accountability purposes, these individuals would be handled as sick-call personnel. Once at the counseling location, an individual would normally sign in and get his sick-call slip signed. Such men would be accounted for at all times by the "dispatcher" at the infirmary. Confidentiality would be the same as with medical records. Individuals receiving counseling for drug problems, or any other kinds of problems, would thus not be stigmatized.

It has been asserted that the availability of counseling outside the chain of command would weaken military discipline and the ability of the company commander to maintain control of his unit. We do not believe this is true. The company-level officer and senior NCO have proved unable to motivate lower-grade EM to come to them with their problems. Rather than leave these problems fall between the cracks. it is better to let a counselor help. The counselor would not replace the leader; he would supplement him. The line leader is thus delegating certain functions to the counselor.

4. Improving Off-Duty Activities

As a further effort to improve the life satisfaction of lower-grade EM, we recommend the expansion of efforts to provide attractive and meaningful off-duty activities for them. We strongly recommend that this include a wide range of possible activities, to cope with the market segmentation with respect to leisure time activities that has increasingly characterized our whole society.

5. Staffing

We recommend that the Civilian Human Relations Counselor and the Military Human Relations Counselor handle the counseling, referral, and rap sessions. These two differ in that the former is a civilian and the latter a military person, usually an officer; but neither is in the chain of command. Both will be part of the Post HRP. with the Military Human Relations Counselor (MHRC) reporting to the Civilian Human Relations Counselor (CHRC). The CHRC will be completely qualified and trained in counseling techniques, while the selection requirements for the MHRC will be looser, necessitating only some (but more than a modicum of) such training. The CHRC will be in charge of the HRP with a large unit, working closely with the commander, but reporting to the Chief of the Post HRP.

B. ACTIVITIES ADDRESSED TO THE LEADERSHIP STRUCTURE

1. Description

So far, we have discussed the HRP with respect to the young EM. We recommend that the HRP also be active in teaching the leadership structure (LS) information and skills that will help to discharge the leadership function, and, as part of this, eliminate or ameliorate conditions that will lead to alcohol or drug abuse. Thus the HRP will:

- Familiarize the LS with the Who, What, Where, and Why of the HRP, including rap sessions, counseling, Rap Center (if any), Halfway House, and Alcoholics Anonymous;

- Instruct the LS about when and how to refer subordinates to the HRP;

- Inform the LS about Army policies and Post practices on alcohol and drug abuse, including the exemption program;

- Show the LS ways in which the HRP can help them deal with problems and improve morale in their units, by improving life satisfactions of their subordinates, with ultimate benefits to mission accomplishment;

- Show them how to identify people abusing alcohol or drugs;

- Give them a basic understanding of why people abuse alcohol or drugs;

- Give them a basic understanding of counseling techniques, through role-playing; and

- Train the LS in leadership techniques and practices that encourage more openness of communication between them and their subordinates, largely by role-playing.

We recommend these kinds of training for the LS, because we believe that the LS can accomplish both preventive and remedial functions with respect to alcohol and drug abuse and other personal problems. Primarily, the LS can carry out preventive functions by fostering an evironment in which the stresses and pressures that lead to abuse and problems are minimized. Secondarily, they can respond to abuse and problems (if they are aware of them, through increased openness with subordinates) through referral of subordinates to the HRP.

We recommend at least 20, and up to 40, hours of human relations training for the LS. We are convinced that any less will fail to accomplish its purposes. Such training should be the responsibility of the Post HRP, with significant participation by the CHRC for each large unit. We recommend that the leadership structure of a given unit (preferably company-size) be trained as a group. They normally work as a group, and therefore should be trained together to work together. Further, such common participation will help them to develop common attitudes.

2. Command Support

We believe that an intensive program with the leadership structure can improve their leadership behavior, because they are motivated toward the Army and what it stands for. If the Army makes it clear that given kinds of leadership are needed and required, and if it supports and rewards those kinds of leadership, then education in skills to carry out that kind of leadership will result in learning and changes in behavior. But the skills learned during education must be supported by the Army. *This means Command involvement and support;* it means recognition of desired leadership behavior in efficiency reports. With regard to leadership behavior related to alcohol and drug abuse, it means coordination with law enforcement activity. Only by giving clear and consistent signals to the LS about what is desired, can the Command structure capitalize on the LS's motivation to serve the Army responsibly and well and further their own careers by doing so.

3. The Importance of Open Communication

At every post the ADL interviewers visited (including a post at a resort area), some EM stated they were bored and had nothing to do. We were especially interested in seeking out what "boredom" meant to EM. Did it mean that recreational facilities were not available to them; or just available, but open at inconvenient times? Was it lack of "wheels?" Or that sports equipment was too difficult to check out? Is boredom not being able to plan anything because of the uncertainty of getting a week-end off? Or is it caused by an unfriendly and over-priced surrounding community? Was boredom the lack of female companionship? Or is it the lack of "constructive" work; responsibility; motivation; respect; individuality? "Boredom" is a nebulous term, but it contains, in all its forms, one common denominator — the individual. Each individual has his own reason for being bored or satisfied, yet a closer look will show that what a person is saying is that he is bored with himself, that he lacks the motivation to overcome "boredom." Boredom really is a personal problem.

What can the LS do to alleviate boredom? Nothing, directly. For boredom cannot be attacked by anything more than the U.S. Army is currently doing. The attack by the LS has to be made indirectly by improving the life satisfaction of the EM.

Lacking any hard data to identify life satisfiers for EM from our study, further discussion on details would be strictly theoretical. However, the training required for the LS to implement the ADL recommendations that the LS supply more life satisfiers to EM can be deduced on empirical (though impressionistic) grounds, backed up by theory and Army doctrine. The recommendations for training are based not only on interviews with EM and officers, but also on personal Army experience of some members of the ADL team. They are also based on the answers of EM to the standard question, asked by one of our interviewers, "Which officers do (did) you like best?" Most answers received were "the young ones." Then the question of "Why?" would be asked. Invariably, the answer was "you could talk to him (them)"; i.e., the EM could talk to a junior officer as an individual even though he was still the CO. This indicates the emphasis for training the LS.

We are hopeful that if the LS can learn more open and effective communication, problems of boredom, drugs, discontent, etc. will diminish. The company commander and other elements of the leadership structure will find out, through open communication, what EM problems are, what life satisfactions EM desire and are not receiving. (Recall our discussion immediately above; that desired life satisfactions and boredom-reducing or avoiding activities vary among individuals.) Only by being able to talk to his subordinates can an Army leader (or *any* leader) know what their desires are. Then the leader is in a position to meet those needs, if they are consistent with the demands of mission accomplishment.

In recommending that LS be trained to provide more opportunities for EM satisfaction, less boredom, etc., we are *not* suggesting either the coddling of rule-breakers or the building of a "country-club" environment for EM. Rather, we recommend ways to provide, through the LS, more opportunities for meaningful work and healthful activities aimed at developing the soldier. In recommending an expanded counseling program, we argue for the provision of resources to aid the soldier with real problems.

4. Relevant Army Doctrine

What we are suggesting is not new, nor is it at variance with Army doctrine. The following are relevant quotes (with emphases supplied by us) from hand-outs of the United States Army Infantry School:[2]

"Each human being is different from every other human being; each expects to be treated as the individual that he is, and rightfully so.

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2. Company Operations Department, Leadership Committee, Fort Benning, Georgia, from Officer Leadership training given in April 1969.

Pecple are the Army's most precious asset. All that we do and all that we fail to do is a direct product of the performance of our people. Each of us has a great reservoir of strength and ability that is never quite tapped to its full depth. However, this reserve strength will never be tapped unless the proper atmosphere for motivation exists. Thus, we come full circle to the necessity for treating people like the individuals that they are.

I expect every person in the Army to bend his every effort to putting the PERSONAL into personnel."

> HAROLD K. JOHNSON
> General, United States Army
> Chief of Staff

"The leader must accomplish supervision in such a manner that the progress of work is checked without unduly harassing subordinates."

"The use of punishment or the threat of punishment must be used sparingly whenever possible."

"SPO: As a leader, ESTABLISH a proper senior-subordinate relationship as outlined in paragraphs 76 and 77, FM 22-100.

The proper senior-subordinate relationship is an association fostered by mutual confidence and respect without undue familiarity. The relationship between a leader and his subordinates is, in large measure, a direct result of the example which he provides. To establish a good senior-subordinate relationship, a leader must demonstrate ability, enthusiasm and interest not only in his duty assignments but also in those serving under him. Your demonstrated respect and complete support of your seniors will lead your subordinates to accord you the same response."

"Counseling is conducted in order to improve an individual's current performance of duty, assist him in solving a personal problem, or give professional assistance."

"SPO: As a unit commander, COUNSEL your subordinates. This counseling must use the techniques discussed in paragraph 78, FM 22-100.

The three types of counseling are: professional, performance, and personal. Counseling is a means by which the commander assists the individual in solving his own problem or appraises the individual of a past performance. The objective is to handle the problem at the lowest possible level in the chain of command and if at all possible have the individual solve the problem himself. When performance

counseling, insure that subordinates are counseled on satisfactory performance as well as unsatisfactory performance. Some of the important techniques to be used in counseling are:

1. Adopt a sincere, understanding, and impartial attitude.
2. Put the individual at ease.
3. Never talk down to your men.
4. Use understandable words and phrases.
5. Encourage the individual to talk freely.
6. Inject your own ideas and comments.
7. Keep information gained 'confidential.'
8. Make full use of assistance available.
9. Follow up a counseling session."

"In handling the personal problems of your men you will become involved in counseling them. Never give your men a ready made solution to a problem. Guide them so they can make their own decision. Some considerations which have proven effective in counseling:

Adopt a sincere, understanding, yet impartial attitude.

Use understandable words and phrases in your discussions.

Never talk down to your men.

Information secured during counseling should be held in confidence.

Make full use of assistance available from the staff, welfare services, and higher headquarters. You should know what channels to use and, if possible, know by name the individuals to whom referrals are made. When you put the soldier in direct contact with an appropriate agency or service, you strengthen the soldier's confidence in your ability and concern for his welfare. Continue to take an interest in the soldier's problems even after you have referred him to an agency. Some of these agencies or services are: Chaplain, Army Medical Service, American Red Cross, Legal Assistance Officer, Army Emergency Relief Society, Inspector General, Personnel Officer, Information Officer, Education Officer, Finance Officer, and Army Community Service.

Special care should be exercised when counseling an individual who appears to have a deep-rooted adjustment problem. In such special cases, counseling by a leader who does not have the proper professional training can do more harm than good. Consequently, these individuals should be referred to the appropriate agency for their own welfare and for the good of the military service.

Avoid making decisions for the individual; guide the discussion in such a manner that the person being counseled will develop his own workable solution."